## CIVIL COVER SHEET

JS-44 (Rev. 6/17 DC) I. (a) PLAINTIFFS				DEFENDA	NTC		···						
Pierre Hines				1	DEFENDANTS United States Department of Justice								
					Clinica Claice Department of Sacres								
(b) COLINTY OF RESIDENCE	AN COUNTY OF RESIDENCE OF FIRST LISTED BY A DITIES United States						COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT United States						
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF United States COUNTY OF RESIDEN								EE CYGEG OYD AV					
0400 5				Cas	/ Case: 1:20-cv-01901 (FOIA-I Deck)								
3129 Fort Line		•		Assigned To : Cooper, Christopher R.									
Washington, D.C. 20018				Assign. Date: 7/10/2020									
(202) 556-3481				Description: FOIA/Privacy Act									
	COTTON		TIV OVE										
II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!										
1 U.S. Government	O 3 Fee	deral Question			PTF	O 1				DFT			
Plaintiff	(U.	S. Government Not a Party)	Citizen of	this State	State O 1			Incorporated or Principal Place of Business in This State		<b>O</b> 4			
2 U.S. Government	O 4 Div	versity	Citizen of	Another State	<b>O</b> 2	2 02			0.	<b>^</b> 5			
Defendant	(In	dicate Citizenship of	Citizen oi	Anounci State	<b>O</b> 2	<b>V</b> 2		orated and Principal Place O 5 O 5 Iness in Another State					
	Par	ties in item III)		Subject of a	, , , ,				<b>O</b> 6	<b>O</b> 6			
			Foreign C	ountry			Foreign	Nation		Ů			
IV. CASE ASSIGNMENT AND NATURE OF SUIT  (Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)													
					_								
O A. Antitrust		ersonal Injury/	O	C. Admin Review		Agenc	V	O D. Tempora					
410 Antitrust		lalpractice			Keview			Order/Preliminary Injunction		y			
410 Antitrust	310 Ai	rplane rplane Product Liability		] 151 Medicar									
		sault, Libel & Slander	Social Security						Any nature of suit from any category may be selected for this category of				
	330 Federal Employers Liability			] 861 HIA (139 ] 862 Black Lu	case assignment.								
	340 M	arine arine Product Liability	863 DIWC/DIWW (405(g))					*(If Antitrust, then A governs)*					
		otor Vehicle	864 SSID Title XVI										
	===	otor Vehicle Product Liabili	ity Cth	S65 RS1 (405(g)) Other Statutes									
	360 Other Personal Injury 362 Medical Malpractice			891 Agricult									
	365 Pr	oduct Liability		] 893 Environi 1 890 Other St									
367 Health Care/Pharmaceutical			890 Other Statutory Actions (If Administrative Agency is										
Personal Injury Product Liabi			Involved)										
O E. General Civil	l (Other)	OR		O F. Pr	o Se Gei	neral C	ivil						
Real Property Bankruptcy			Federal Tax Suits				462 Naturalizat						
<del>                                    </del>			422 Appeal 27 USC 158 423 Withdrawal 28 USC 157		870 Taxes (US plaintiff or defendant)			Application 465 Other Immigration					
230 Rent, Lease & Ejectment		871 IRS-Third Party 26 USC			26 USC	Actions							
240 Torts to Land Prisoner Petitions  245 Tort Product Liability  535 Death Penalty		7609			470 Racketeer Influenced								
290 All Other Real Property 540 Mandamus & Ot			her Forfeiture/Penalty			& Corrupt Organization 480 Consumer Credit							
550 Civil Rights			625 Drug Related Seizure of Property 21 USC 881			490 Cable/Satellite TV							
Personal Property 555 Prison Condition 560 Civil Detainee -			COO O41			850 Securities/Commodities/							
371 Truth in Lending of Confinement						Exchange 896 Arbitration							
380 Other Personal Property			Other Statutes 375 False Claims Act			899 Administrative Procedure							
Damage Property Rights 385 Property Damage 20 Copyrights			376 Qui Tam (31 USC			Act/Review or Appeal of							
Product Liability 830 Patent		830 Patent	_	40	3729(a)) 400 State Reapportionment			Agency Decision  950 Constitutionality of State					
835 Patent – Abbre Drug Applicatio				430 Banks & Banking			Statutes						
Drug Applicatio		ш	450 Commer		erce/ICC 890 Oth			Statutory Actions					
					Rates/et			(if not adm review or F					
					460 Deportation review or Privacy Act)								
									7	7			

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O G. Habeas Corpus/ 2255  530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	O H. Employment Discrimination  442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	● I. FOIA/Privacy Act  ■ 895 Freedom of Information Act ■ 890 Other Statutory Actions (if Privacy Act)	J. Student Loan  152 Recovery of Defaulted Student Loan (excluding veterans)							
	*(If pro se, select this deck)*	*(If pro se, select this deck)*								
<ul> <li>C K. Labor/ERISA (non-employment)</li> <li>☐ 710 Fair Labor Standards Act</li> <li>☐ 720 Labor/Mgmt. Relations</li> <li>☐ 740 Labor Railway Act</li> <li>☐ 751 Family and Medical Leave Act</li> <li>☐ 790 Other Labor Litigation</li> <li>☐ 791 Empl. Ret. Inc. Security Act</li> </ul>	O L. Other Civil Rights (non-employment)  441 Voting (if not Voting Rights Act)  443 Housing/Accommodations  440 Other Civil Rights  445 Americans w/Disabilities – Employment  446 Americans w/Disabilities – Other  448 Education	O M. Contract  110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	N. Three-Judge Court  441 Civil Rights – Voting (if Voting Rights Act)							
V. ORIGIN										
O 1 Original Proceeding from State from Appellate or Reopened from another Court Court Governor Court Court Governor Court Governor Court Governor Court Governor Court Governor Governor Governor Governor Governor Governor Court Governor										
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) Failure to expedite processing and withholding of agency records in violation of the FOIA.										
VII. REQUESTED IN COMPLAINT	CHECK IF THIS IS A CLASS ACTION UNDER F.R C P 23  JU	s 0 Check RY DEMAND: YES	ck YES only if demanded in complaint  NO X							
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO X If yes,	please complete related case form							
DATE: 7/10/20	SIGNATURE OF ATTORNEY OF REC	cord p								

## INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident
  of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed only if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.