CIVIL COVER SHEET

I. (a) PLAINTIFFS Mosi Secret				DEFENDANTS Federal Bureau of Investigation							
Mosi Secret				Department of Justice							
		Departmen	l OI JU	SILE							
		STED DI AINTIEE 88888		COUNTY OF DESIDENCE OF FIRST LISTED DEFENDANT							
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888 (EXCEPT IN U.S. PLAINTIFF CASES)				COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED							
		,		NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED ATTORNEYS (IF KNOWN)							
Katie Townsend, Ac	(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER) Katie Townsend, Adam Marshall, Gunita Singh										
Reporters Committe											
1156 15th St., N.W.											
Washington, DC 20	005; (202)	795-9300									
	II. BASIS OF JURISDICTION			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!							
	(PLACE AN X IN ONE BOX ONLY)			AND ONE BOX I	PTF	DFT) <u>FOR DIV</u>	ERSITT CASES ONLT:	PTF	DFT	
0 1 U.S. Government Plaintiff		deral Question S. Government Not a Party)	Citizen of	Citizen of this State O 1 O 1 Incorpor			ated or Principal Place	O 4	O 4		
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2 U.S. Government	O 4 Di	versity	Citizen of	Another State	O 2	O 2	T		O 5	O 5	
Defendant		dicate Citizenship of						ated and Principal Place		0,	
	Pa	rties in item III)		izen or Subject of a O 3 O		O 3			O 6	\mathbf{O}	
			Foreign Co	ountry	-	-	Foreign 1	Nation	0.	O 6	
		IV. CASE ASSIG	NMENT	AND NATU	RE O	F SUIT	1				
(Place an X i	in one catego	ory, A-N, that best repres			-			onding Nature of Su	it)		
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		rplane rplane Product Liability	151 Medicare Act			-					
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		deral Employers Liability						*(If Antitrust, then A governs)*			
	340 M										
		arine Product Liability									
	350 Motor Vehicle 355 Motor Vehicle Product Liability 360 Other Personal Injury 362 Medical Malpractice			$965 \text{ DSL}(405(\pi))$							
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	362 M 365 Pr 367 Ho Pe	edical Malpractice roduct Liability ealth Care/Pharmaceutical		891 Agricultura 893 Environme 890 Other Statu Administra	ntal Ma itory Ac	tions (If					
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O G. Habeas Corpus/ 2255	O H. Employment Discrimination	• I. FOIA/Privacy Act	O J. Student Loan						
530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	X 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act)	152 Recovery of Defaulted Student Loan (excluding veterans)						
	(If pro se, select this deck)	*(If pro se, select this deck)*							
 K. Labor/ERISA (non-employment) 710 Fair Labor Standards Act 720 Labor/Mgmt. Relations 740 Labor Railway Act 751 Family and Medical Leave Act 790 Other Labor Litigation 791 Empl. Ret. Inc. Security Act 	 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 	 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									
 1 Original Proceeding 2 Removed from State Court 3 Remanded from Appellate Court 4 Reinstated or Reopened Court 5 Transferred from another district (specify) 6 Multi-district Litigation 7 Appeal to District Judge from Mag. Judge 8 Multi-district Litigation – Direct File 									
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C. 552 FOIA									
	CHECK IF THIS IS A CLASS DEMAND ACTION UNDER F.R.C.P. 23 JUI	S Check Y Check Y Check Y Check Y Check Y	ES only if demanded in complaint						
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO X If yes, p	lease complete related case form						
DATE:8/10/20	SIGNATURE OF ATTORNEY OF REC	CORD /s/ Katie T	ownsend						

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.

- I. 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 <u>only</u> 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.