

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET

I (a) PLAINTIFFS (Check box if you are representing yourself)
MICHAEL M. EDELSTEIN
LOS ANGELES
(b) County of Residence of First Listed Plaintiff (except in U.S. Plaintiff Cases):
(c) Attorneys (Firm Name, Address and Telephone Number. If you are representing yourself, provide same.)
MICHAEL M EDELSTEIN
PO BOX 811043 - 323-710-5624
LOS ANGELES, CA 90081 IN PRO PER

DEFENDANTS
GOOGLE INC.
SANTA CLARA
County of Residence of First Listed Defendant (In U.S. Plaintiff Cases Only):
Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an X in one box only.)
[ ] 1 U.S. Government Plaintiff
[ ] 2 U.S. Government Defendant
[ ] 3 Federal Question (U.S. Government Not a Party)
[ ] 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES - For Diversity Cases Only
(Place an X in one box for plaintiff and one for defendant.)
Citizen of This State
Citizen of Another State
Citizen or Subject of a Foreign Country
PTF DEF
[X] 1 [ ] 1
[ ] 2 [ ] 2
[ ] 3 [ ] 3
PTF DEF
[ ] 4 [ ] 4
[ ] 5 [ ] 5
[ ] 6 [ ] 6

IV. ORIGIN (Place an X in one box only.)
[X] 1 Original Proceeding
[ ] 2 Removed from State Court
[ ] 3 Remanded from Appellate Court
[ ] 4 Reinstated or Reopened
[ ] 5 Transferred from another district (specify):
[ ] 6 Multi-District Litigation
[ ] 7 Appeal to District Judge from Magistrate Judge

V. REQUESTED IN COMPLAINT: JURY DEMAND: [X] Yes [ ] No (Check 'Yes' only if demanded in complaint.)
CLASS ACTION under F.R.C.P. 23: [ ] Yes [X] No
MONEY DEMANDED IN COMPLAINT: \$ DUE TO PROOF

VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.)
DAMAGES/INDUCTIVE RELIEF TITLE 17 USC 101, 106, 502, 504, 1202, 1203

VII. NATURE OF SUIT (Place an X in one box only.)
Table with columns: CONTRACT, PERSONAL INJURY, REAL PROPERTY, ESTATE, LABOR, and OTHER. Includes items like 400 State Reapportionment, 110 Insurance, 310 Airplane, 510 Motions to Vacate Sentence, 710 Fair Labor Standards Act, etc.

VIII(a). IDENTICAL CASES: Has this action been previously filed and dismissed, remanded or closed? [ ] No [X] Yes

If yes, list case number(s):
FOR OFFICE USE ONLY: Case Number: CV10-01847

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AFTER COMPLETING THE FRONT SIDE OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED BELOW.

VIII(b). RELATED CASES: Have any cases been previously filed that are related to the present case?  No  Yes

If yes, list case number(s): 10CV01648

IFP DENIED

Civil cases are deemed related if a previously filed case and the present case:

- (Check all boxes that apply)  A. Appear to arise from the same or substantially identical transactions, happenings, or events;  
 B. Involve the same or substantially the same parties or property;  
 C. Involve the same patent, trademark or copyright;  
 D. Call for determination of the same or substantially identical questions of law, or  
 E. Likely for other reasons may entail unnecessary duplication of labor if heard by different judges.

IX. VENUE: List the California County, or State if other than California, in which EACH named plaintiff resides (Use an additional sheet if necessary)  
 Check here if the U.S. government, its agencies or employees is a named plaintiff.

MICHAEL M EDELSTEIN - LOS ANGELES

List the California County, or State if other than California, in which EACH named defendant resides. (Use an additional sheet if necessary).  
 Check here if the U.S. government, its agencies or employees is a named defendant.

SANTA CLARA

List the California County, or State if other than California, in which EACH claim arose. (Use an additional sheet if necessary)  
 Note: In land condemnation cases, use the location of the tract of land involved.

LOS ANGELES

X. SIGNATURE OF ATTORNEY (OR PRO PER): Michael M Edelstein Date 3-15-10

Notice to Counsel/Parties: The CV-71 (JS-44) Civil Cover Sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form, approved by the Judicial Conference of the United States in September 1974, is required pursuant to Local Rule 3-1 is not filed but is used by the Clerk of the Court for the purpose of statistics, venue and initiating the civil docket sheet. (For more detailed instructions, see separate instructions sheet.)

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405(g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405(g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. (g))