CIVIL COVER SHEET

			JS-44 (Rev. 7/13 DC)										
I. (a) PLAINTIFFS				DEFENDA	ANTS								
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF (EXCEPT IN U.S. PLAINTIFF CASES) (c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)				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 ATTORNEYS (IF KNOWN)									
			III CIT										
				III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!									
O 1 U.S. Government	O 3 F	ederal Question			PTF	DFT			PTF	DFT			
Plaintiff		J.S. Government Not a Party)	Citizen of	this State	O 1	O 1		orated or Principal Place ness in This State	O 4	O 4			
O 2 U.S. Government Defendant	- (Iı	Diversity Indicate Citizenship of arties in item III)	Citizen of	Another State	O 2	O 2	Incorpo Place o	orated and Principal f Business in Another Stat	O 5 te	O 5			
	Ч		Citizen or Foreign C	Subject of a ountry	O 3	O 3	Foreigr	Nation	O 6	O 6			
	¥7 •	IV. CASE ASSI							•••				
		egory, A-N, that best repr					a corre						
O A. Antitrust 410 Antitrust	M	ersonal Injury/ Ialpractice		Review				O D. Temporary Restraining Order/Preliminary Injunction					
410 Milli ust	310 Ai]	151 Medicare Act <u>Social Security</u> 861 HIA (1395ff) 862 Black Lung (923) 863 DIWC/DIWW (405(g)) 864 SSID Title XVI 865 RSI (405(g)) <u>Other Statutes</u>				Any nature of suit from any category may be selected for this category of case assignment. *(If Antitrust, then A governs)*					
		rplane Product Liability sault, Libel & Slander	Social										
		deral Employers Liability											
	340 M												
		arine Product Liability											
		otor Vehicle otor Vehicle Product Liability											
		•	y Other										
	360 Other Personal Injury 362 Medical Malpractice												
	362 M	edical Malpractice	8	891 Agricultur									
367 Health Care/Pharmaceutical			8	891 Agricultur 893 Environme	ental Matt								
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	365 Pr 367 Ho Pe	edical Malpractice oduct Liability ealth Care/Pharmaceutical rsonal Injury Product Liabili	5	891 Agricultur 893 Environme 890 Other Stat	ental Matt autory Act	ions (If							
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 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) 	O I. FOIA/Privacy Act 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act)	O J. Student Loan 152 Recovery of Defaulted Student Loan (excluding veterans)	
 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 	 *(If pro se, select this deck)* 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 	 *(If pro se, select this deck)* 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 	 O N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act) 	
V. ORIGIN O 1 Original Proceeding VI. CAUSE OF ACTION (CITE TH	O 3 Remanded from O 4 Reinstated or Appellate Court Reopened	another district Litig (specify)	ti-district O 7 Appeal to gation District Judge from Mag. Judge EF STATEMENT OF CAUSE.)	
	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 JUI	S Check Y Check Y YES	ES only if demanded in complaint NO	
VIII. RELATED CASE(S) IF ANY DATE:	(See instruction) YES SIGNATURE OF ATTORNEY OF REC	NO If yes, pl	lease complete related case form	

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.