## **CIVIL COVER SHEET**

The JS 44 civil cover sh	neet and the information contai	ned herein neither replace nor	supplement the filing a	and service of pleadings o	r other papers as required b	y law, except as provide
by local rules of court.	neet and the information contai This form, approved by the Ju-	dicial Conference of the Unite	ed States in September	1974, is required for the	use of the Clerk of Court fo	r the purpose of initiatin
	(SEE INSTRUCTIONS ON THE				All Re-filed Cases Be	

the civil docket sheet. (SEE IN	STRUCTIONS ON THE REVE	RSE OF THE FORM.)	NOT	ICE: Attorneys MUS	T Indicate All Re-filed C	ases Below.		
I. (a) PLAINTIFFS				DEFENDANTS				
JOSEPH YERKES, JOSENORWOOD and MARG		ON, AUSTIN	+	BP EXPLORATION & PRODUCTION INC., BP AMERICA PRODUCTION COMPANY, BP P.L.C.,				
(b) County of Residence				County of Residence of First Listed Defendant Foreign				
(c) Attorney's (Firm Name, Ad	CCEPT IN U.S. PLAINTIFF CA	SES)		(IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT LAND INVOLVED.				
Robert J. McKee, Esquire,					VVOLVED.			
Hancock Liberman & McI 101, Fort Lauderdale, Flor			ite	Attorneys (If Known)				
(d) Check County Where Actio	n Arose:   MIAMI- DADE	✓ MONROE □ BROW	ARD [	□ PALM BEACH □ MAI	RTIN 🗖 ST. LUCIE 🗂 INDIA	AN RIVER		
II. BASIS OF JURISD	ICTION (Place an "X" in	n One Box Only)	III. CITIZENSHIP OF PRINCIPAL PARTIES(Place an "X" in One Box for Plaintiff					
□ 1 U.S. Government Plaintiff	☐ 3 Federal Question (U.S. Government N			(For Diversity Cases Only)  PTF DEF  ten of This State  T 1  Incorporated or Principal Place				
<ul><li>2 U.S. Government Defendant</li></ul>	√□ 4 Diversity  (Indicate Citizenship of Parties in Item III)		Citize	Citizen of Another State 2 2 Incorporated and Principal Place 5 5 5 of Business In Another State				
				Citizen or Subject of a				
IV. NATURE OF SUIT	(Place an "X" in One Box On	ıly)	10.	reigh Country				
CONTRACT	TO	RTS	FOR	FEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES		
	PERSONAL INJURY  310 Airplane 315 Airplane Product Liability 320 Assault, Libel & Slander 330 Federal Employers' Liability 340 Marine 345 Marine Product Liability 350 Motor Vehicle Product Liability 360 Other Personal Injury CIVIL RIGHTS 441 Voting 442 Employment 443 Housing/ Accommodations 444 Welfare 445 Amer. w/Disabilities Employment 446 Amer. w/Disabilities Other 440 Other Civil Rights	PERSONAL INJURY  362 Personal Injury - Med. Malpractice  365 Personal Injury - Product Liability  368 Asbestos Personal Injury Product Liability  PERSONAL PROPERT  370 Other Fraud  371 Truth in Lending  380 Other Personal Property Damage Product Liability  PRISONER PETITION  510 Motions to Vacate Sentence Habeas Corpus: 530 General 535 Death Penalty  550 Civil Rights  555 Prison Condition			871 IRS—Third Party 26 USC 7609	400 State Reapportionment   410 Antitrust   430 Banks and Banking   450 Commerce   460 Deportation   470 Racketeer Influenced and Corrupt Organizations   480 Consumer Credit   490 Cable/Sat TV   810 Selective Service   850 Securities/Commodities/Exchange   875 Customer Challenge   12 USC 3410   890 Other Statutory Actions   891 Agricultural Acts   892 Economic Stabilization Act   893 Environmental Matters   894 Energy Allocation Act   895 Freedom of Information Act   900 Appeal of Fee Determination Under Equal Access to Justice   950 Constitutionality of State   Statutes   Appeal to District Judge from the state of the		
		Re-filed- (see VI below)  a) Re-filed Case  Y	Reop	stated or $\Box$ 5 another specific specif	er district	Magietrata		
VI. RELATED/RE-FII CASE(S).	(See instructions second page):	JUDGE			•	2-cv-10017 & 100018		
VII. CAUSE OF ACTI	diversity):	·	-	and Write a Brief Stateme	ent of Cause ( <b>Do not cite juri</b> s e)	sdictional statutes unless		
VIII. REQUESTED IN COMPLAINT:	CHECK IF THIS UNDER F.R.C.P.	IS A CLASS ACTION 23	D	EMAND \$	CHECK YES only JURY DEMAND:	if demanded in complaint:  ∴ ✓ Yes □ No		
ABOVE INFORMATION IS THE BEST OF MY KNOWI		signature of att /s/ Robert J.			date February	25, 2012		
					FICE USE ONLY			

AMOUNT RECEIPT #

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