CIVIL COVER SHEET

I. (a) PLAINTIFFS			DEFENDANTS								
CAUSE OF ACTION			INTERNAL REVENUE SERVICE								
(b) COUNTY OF RESIDENCE OF FIRST I	LISTED PLAINTIEF 11001 ((DC)	COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT								
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 11001 (DC) (EXCEPT IN U.S. PLAINTIFF CASES)			(IN U.S. PLAINTIFF CASES ONLY) NOTE IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.								
(c) ATTORNEYS (FIRM NAME, ADDRES	S, AND TELEPHONE NUMBER)		ATTORNEYS (IF								
DANIEL Z. EPSTEIN											
CAUSE OF ACTION											
1919 PENNSYLVANIA AVE											
WASHINGTON, D.C. 20006	3; TEL: 202.499.4232										
II. BASIS OF JURISDICTION III. CIT			IZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR								
(PLACE AN x IN ONE BOX ONLY)		PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!									
	ederal Question			PTF	DFT			PTF	DFT		
Plaintiff (U	J.S. Government Not a Party)	Citizen of t	his State	O ı			orated or Principal Place	O 4	O 4		
6 3116 C	Nicomoite				oi Busi	usiness in This State					
	iversity ndicate Citizenship of	Citizen of A	Another State	O 2			ncorporated and Principal Place of Business in Another Sta		O 5		
F	Parties in item III)	Citizen or S	Subject of a	O 3	-		Business in Another Sta				
		Foreign Co	untry			Foreign	n Nation	O 6	O 6		
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 O B. I	Personal Injury/	0	. Administr	ative As	encv		O D. Temporary	v Restra	ining		
Malpractice			O C. Administrative Agency Review				Order/Prel				
410 Antitumet	-	I	El Madiagna Ant				Injunction	•			
1 =	irplane irplane Product Liability		151 Medicare Act								
· · · · · · · · · · · · · · · · · · ·	315 Airplane Product Liability 320 Assault, Libel & Slander			Social Security			Any nature of suit from any category may be selected for this category of case				
	istati, bibei de Siander						may be selected for thi	s category	of case		
330 F	ederal Employers Liability	8	61 HIA (1395ff)	923)			may be selected for thi assignment.	s category	of case		
330 Fe	ederal Employers Liability larine		61 HIA (1395ff) 62 Black Lung ())		assignment.		of case		
330 Fd 340 M	ederal Employers Liability larine (arine Product Liability	8 8 8 8	61 HIA (1395ff) 62 Black Lung (63 DIWC/DIWV 64 SSID Title X	V (405(g)))				of case		
330 Fd 340 M 345 M 350 M	ederal Employers Liability larine	88 88 88 88	61 HIA (1395ff) 62 Black Lung (' 63 DIWC/DIWV 64 SSID Title XV 65 RSI (405(g))	V (405(g)))		assignment.		of case		
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Case 1:13-cv-00920 Document 1-1 Filed 06/19/13 Page 2 of 2

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)*						
O 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	O N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)					
V. ORIGIN								
O I Original 2 Remand from State Court	3 Remanded from Appellate Court Reopened		ti-district					
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) Freedom of Information Act, 5 U.S.C. § 552.								
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND S JURY DEMAND: Check YES only if demanded in complaint YES NO X								
VIII. RELATED CASE(S) (See instruction) YES NO If yes, please complete related case form								
DATE:JUNE 19, 2013	SIGNATURE OF ATTORNEY OF REC	cord J						

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 only if diversity of citizenship was selected as the Basis of Jurisdiction under Section 11.
- 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.