

# In The United States Court of Federal Claims

## Cover Sheet

Plaintiff(s) or Petitioner(s)

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If this is a multi-plaintiff case, pursuant to RCFC 20(a), please attach an alphabetized, numbered list of all plaintiffs.

Name of the attorney of record (See RCFC 83.1(c)): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Post Office Box: \_\_\_\_\_

Street Address: \_\_\_\_\_

City-State-Zip: \_\_\_\_\_

Telephone & Facsimile Numbers: \_\_\_\_\_

Is the attorney of record admitted to the Court of Federal Claims Bar?  Yes  No

Does the attorney of record have a Court of Federal Claims ECF account?  Yes  No

If not admitted to the court or enrolled in the court's ECF system, please call (202) 357-6406 for admission papers and/or enrollment instructions.

Nature of Suit Code:

Select only one (three digit) nature-of-suit code from the attached sheet. If 213, identify partnership or partnership group. If numbers 118, 134, 226, 312, 356, or 528 are used, please explain. \_\_\_\_\_

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Agency Identification Code:

See attached sheet for three-digit codes.

Amount Claimed: \$ \_\_\_\_\_

Use estimate if specific amount is not pleaded.

Disclosure Statement:

Is a RCFC 7.1 Disclosure Statement required?  Yes  No

If yes, please note that two copies are necessary.

Bid Protest:

Indicate approximate dollar amount of procurement at issue: \$ \_\_\_\_\_

Is plaintiff a small business?  Yes  No

Vaccine Case:

Date of Vaccination: \_\_\_\_\_

Related Cases:

Is this case directly related to any pending or previous case?  Yes  No

If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.