

FORM 2
COVER SHEET

In The United States Court of Federal Claims

Cover Sheet

Plaintiff(s) or Petitioner(s)

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) 357-6402 for admission papers and/or enrollment instructions.

Nature of Suit Code:

Select only one (three digit) nature-of-suit code from the attached sheet and if numbers 118, 134, 226, 312, 356, or 528 are used, please explain.

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.