

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? _____

If **NO**, please call (202) 219-9630 for admission papers and instructions.

9 9 9

Nature of suit code:

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

9 9 9

Government Agency Involved:

See attached Sheet for three digit code.

Amount Claimed: \$ _____

If to be determined, put the phrase "to be determined" in Amount Claimed Space.

Vaccination Date: (Vaccine Cases Only) _____

If this is case related to any pending or previous case you are **required** to file a separate notice of related case(s). See RCFC 40.2

May 1, 2002