

ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> OTHER (specify): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: [UNDER SEAL] DEFENDANT: [UNDER SEAL]	
CONFIDENTIAL COVER SHEET-FALSE CLAIMS ACTION	CASE NUMBER: _____

<p>INSTRUCTIONS: This civil action is brought under the False Claims Act, Government Code section 12650 et seq. The documents filed in this case are under seal and are confidential pursuant to Government Code section 12652(c).</p> <p>This Confidential Cover Sheet must be affixed to the caption page of the complaint and to any other paper filed in this case until the seal is lifted.</p> <p>You should check with the court to determine whether papers filed in False Claims Act cases must be filed at a particular location.</p>	Seal to expire on (date): UNLESS: (1) Motion to extend time is pending; or (2) Extended by court order
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1. The document to which this cover sheet is affixed is:
- a. Complaint for damages for violation of the False Claims Act
 - b. Civil Case Cover Sheet (form 982.2(b)(1))
 - c. Motion for an extension of time to intervene
 - d. Affidavit or other document in support of the motion for an extension of time
 - e. Order extending time to intervene (specify date order expires):
 - f. Other order (describe):

 - g. Notice from the Attorney General of additional prosecuting authority that may have access to the file
 - h. Other (describe):

2. This Confidential Cover Sheet and the attached document must each be separately file-stamped by the clerk of the court.

Date: