

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF

[Empty box for District Name]

Form 1. Notice of Appeal from a Judgment or Order of a United States District Court

U.S. District Court case number: [Empty box]

Notice is hereby given that the appellant(s) listed below hereby appeal(s) to the United States Court of Appeals for the Ninth Circuit.

Date case was first filed in U.S. District Court: [Empty box]

Date of judgment or order you are appealing: [Empty box]

Docket entry number of judgment or order you are appealing: [Empty box]

Fee paid for appeal? (appeal fees are paid at the U.S. District Court)

- Yes No IFP was granted by U.S. District Court

List all Appellants (List each party filing the appeal. Do not use "et al." or other abbreviations.)

[Large empty box for listing appellants]

Is this a cross-appeal? Yes No

If yes, what is the first appeal case number? [Empty box]

Was there a previous appeal in this case? Yes No

If yes, what is the prior appeal case number? [Empty box]

Your mailing address (if pro se):

[Empty box for mailing address line 1]

[Empty box for mailing address line 2]

City: [Empty box] State: [Empty box] Zip Code: [Empty box]

Prisoner Inmate or A Number (if applicable): [Empty box]

Signature [Handwritten: William M. Simpich] [Stamp: Verified by pdfFiller 03/17/2024] Date [Empty box]

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 6. Representation Statement

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>

Appellant(s) *(List each party filing the appeal, do not use "et al." or other abbreviations.)*

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? Yes No

Appellee(s) *(List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)*

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: *(attach additional pages as necessary)*

Appellants

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? Yes No

Appellees

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

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