UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

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

Complete and file with the attached representation st	tatement in the U.S. District Court
Signature	Date
Prisoner Inmate or A Number (if applicable):	
City: State:	Zip Code:
Your mailing address:	
If Yes, what is the prior appeal case number?	
Was there a previous appeal in this case?	
If Yes, what is the first appeal case number?	
Is this a cross-appeal? O Yes O No	
List all Appellants (List each party filing the appeal. Do	not use "et al." or other abbreviations.)
○ Yes ○ No ○ IFP was granted by U.S. Di	istrict Court
Fee paid for appeal? (appeal fees are paid at the U.S. Dist	trict Court)
Date of judgment or order you are appealing:	
Date case was first filed in U.S. District Court:	
U.S. District Court case number:	
Name of U.S. District Court:	

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

Rev. 12/01/2018

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? O Yes O 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.

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Continued list of parties and counsel: (attach additional pages as necessary)
<u>Appellants</u>
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? O Yes O No
Appellees Nama(s) of party/parties:
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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Form 6 2 New 12/01/2018