UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEVADA

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

U.S. District Court case number:	
Notice is hereby given that the appellant(s) listed below hereby appeal the United States Court of Appeals for the Ninth Circuit.	(s) to
Date case was first filed in U.S. District Court:	
Date of judgment or order you are appealing:	
Docket entry number of judgment or order you are appealing:	
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 abbreviat	ions.)
Is this a cross-appeal? O Yes O No	
If yes, what is the first appeal case number?	
Was there a previous appeal in this case? O Yes O No	
If yes, what is the prior appeal case number?	
Your mailing address (if pro se):	
City: Zip Code:	
Prisoner Inmate or A Number (if applicable):	
Signature Date	
Complete and file with the attached representation statement in the U.S. District Co.	ırt

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

Form 1

Rev. 12/01/2021

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
<u>Appellee(s)</u> (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):
rvaine(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? O Yes O 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):
Foodback on questions about this form? Email us at forms@eafl useoutte con

Form 6 2 New 12/01/2018