

**UNITED STATES DISTRICT COURT**

**FOR THE DISTRICT OF**

**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(s) to the United States Court of Appeals for the Ninth Circuit.

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 abbreviations.*)

Is this a cross-appeal?  Yes  No

If yes, what is the first appeal case number?

Was there a previous appeal in this case?  Yes  No

If yes, what is the prior appeal case number?

Your mailing address (if pro se):

City:  State:  Zip Code:

Prisoner Inmate or A Number (if applicable):

Signature

Date

*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](mailto:forms@ca9.uscourts.gov)*