Form 1. Notice of Appeal to a Court of Appeals From a Judgment or Order of a District Court

United States District Court for the _____

District of _____

File Number _____

A.B., Plaintiff	)	
	)	
v.	)	Notice of Appeal
	)	
C.D., Defendant	)	

Notice is hereby given that (here name all parties taking the appeal), (plaintiffs) (defendants) in the above named case*, hereby appeal to the United States Court of Appeals for the _____ Circuit (from the final judgment) (from an order (describing it)) entered in this action on the _____ day of _____, 19__.

(s)_____
Attorney for _____
Address: _____

* See Rule 3(c) for permissible ways of identifying appellants.

Form 2. Notice of Appeal to a Court of Appeals From a Decision of the United States Tax Court

UNITED STATES TAX COURT
Washington, D.C.

A.B., Petitioner	)	
	)	
v.	)	Docket No. _____
	)	
Commissioner of Internal Revenue, Respondent.	)	

Notice of Appeal

Notice is hereby given that (here name all parties taking the appeal*) hereby appeal to the United States Court of Appeals for the __Circuit from (that part of) the decision of this court entered in the above captioned proceeding on the _ day of _____, 19__ (relating to _____).

(s) _____
Counsel for _____
Address: _____

* See Rule 3(c) for permissible ways of identifying appellants.

* * * * * * *

Form 3. Petition for Review of Order of an Agency, Board, Commission or Officer

United States Court of Appeals for the _____ Circuit

A.B., Petitioner	)	
	)	
v.	)	Petition for Review
	)	
XYZ Commission, Respondent	)	

(here name all parties bringing the petition)* hereby petition the court for review of the Order of the XYZ Commission (describe the order) entered on _____ , 19___.

(s) _____
Attorney for Petitioners
Address: _____

* See Rule 15

Form 4. Affidavit Accompanying Motion for Permission to Appeal in Forma Pauperis

United States District Court for the _____ District of _____

A.B., Plaintiff

v. Case No. _____

C.D., Defendant

Affidavit in Support of Motion	**Instructions**
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C § 1621.)	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed: _____	Date: _____

My issues on appeal are:

(a) For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

	Average monthly amount during the past 12 months		**Amount expected next month**	
Income source	**You**	**Spo**	**You**	**Spouse**
Employment	$_____	$_____	$_____	$_____
Self-employment	$_____	$_____	$_____	$_____
Income from real				

property (such as rental income)	$_____	$_____	$_____	$_____
	$_____	$_____	$_____	$_____
Interest and dividends	$_____	$_____	$_____	
			$_____	
	$_____	$_____		
Gifts			$_____	
	$_____	$_____	$_____	
Alimony				
			$_____	
Child support			$_____	
Retirement (such as social security, pensions, annuities, insurance)	$_____	$_____		
			$_____	
			$_____	
	$_____	$_____		
Disability (such as social security, insurance payments)	$_____	$_____	$_____	
			$_____	
			$_____	
Unemploy-ment pymts.	$_____	$_____	$_____	
Public-assistance (such as welfare)	$_____	**$_____**		
			$_____	
			$_____	
Other (specify):___ _	**$_____**	$_____		
			$_____	
			$_____	
Total monthly income:			**$_____**	
			$_____	

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	**Address**	**Dates of employment**	**Gross monthly pay**
_____	_____	_____	

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	**Address**	**Dates of employment**	**Gross monthly pay**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? $_____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	**Type of account**	**Amount you have**	**Amount your spouse has**
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	**Other real estate** (Value)	**Motor vehicle #1** (Value)
_____	_____	Make & year: _____
_____	_____	Model: _____
_____	_____	Registration #:_____

Motor vehicle #2 (Value)	**Other assets** (Value)	**Other assets** (Value)
Make & year: _____	_____	_____
Model: _____	_____	_____
Registration #: _____	_____	_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	**Amount owed to you**	**Amount owed to your spouse**
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	**Relationship**	**Age**
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	**Your Spouse**
Rent or home-mortgage payment (include lot rented for mobile home) Are real-estate taxes included? □ Yes □ No Is property insurance included? □ Yes □ No	$_____	$_____
Utilities (electricity, heating fuel, water, sewer, and Telephone)	$_____	$_____
Home maintenance (repairs and upkeep)	$_____	$_____
Food	$_____	$_____
Clothing	$_____	$_____

Laundry and dry-cleaning	$_____	$_____
Medical and dental expenses	$_____	$_____
Transportation (not including motor vehicle payments)	$_____	$_____
Recreation, entertainment, newspapers, magazines, etc.	$_____	$_____
	$_____	$_____
Insurance (not deducted from wages or included in Mortgage payments)		
	$_____	$_____
Homeowner's or renter's	$_____	$_____
Life		
Health	$_____	$_____
Motor Vehicle	$_____	$_____
Other: _____	$_____	$_____
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	$_____	$_____
Installment payments	$_____	$_____
Motor Vehicle	$_____	$_____
Credit card (name): _____	$_____	$_____
Department store (name): _____	$_____	$_____
Other: _____	$_____	$_____
Alimony, maintenance, and support paid to others	$_____	$_____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$_____	$_____
Other (specify): _____	$_____	$_____
Total monthly expenses:	$_____	$_____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

□ Yes □ No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in
connection with this case, including the completion of this form? Yes □
No □

If yes, how much? $_____

If yes, state the attorney's name, address, and telephone number:

_____

_____

_____

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?
□Yes □ No

If yes, how much? $_____

If yes, state the person's name, address, and telephone number:

_____

_____

_____

12. Provide any other information that will help explain why you cannot pay the docket
fees for your appeal.

13. State the address of your legal residence.

_____

_____

Your daytime phone number: (____) _____

Your age: _____ Your years of schooling: _____

Your social-security number: _____

Form 5. Notice of Appeal to a Court of Appeals from a Judgment or Order of a District Court or a Bankruptcy Appellate Panel

United States District Court for the _____

District of _____

In re	)	
	)	
_____	)	
Debtor	)	
	)	
_____	)	
Plaintiff	)	File No. _____
	)	
v.	)	
	)	
_____	)	
Defendant	)	

Notice of Appeal to United States Court of Appeals for the _____ Circuit

_____, the plaintiff [or defendant or other party] appeals to the United States Court of Appeals for the _____ Circuit from the final judgment [or order or decree] of the district court for the district of _____ [or bankruptcy appellate panel or the _____ circuit], entered in this case on _____, 19___ [here describe the judgment, order, or decree]_____.

The parties to the judgment [or order or decree] appealed from and the names and addresses of their respective attorneys are as follows:

Dated _____
Signed_____
Attorney for Appellant
Address: _____
_____

(As added Apr. 25, 1989, eff. Dec. 1, 1989; Apr 1, 1993, eff. Dec. 1, 1993.)

Form 6. Civil Appeals Docketing Statement
(Form available from the Clerk of Court (415) 556-9800)

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

INTERNAL USE ONLY

CIVIL APPEALS DOCKETING STATEMENT
PLEASE TYPE OR PRINT. ATTACH ADDITIONAL PAGES IF NECESSARY.

TITLE IN FULL:

DISTRICT: **JUDGE:**

DATE COMPLAINT FILED: **DISTRICT COURT DOCKET NUMBER:**

DATE NOTICE OF APPEAL FILED: **IS THIS A CROSS-APPEAL? ___YES __ NO**

HAS THIS MATTER BEEN BEFORE THIS COURT PREVIOUSLY? ___ YES ___ NO
IF YES, STATE WHEN:

CASE NAME:

CITATION: **DOCKET NUMBER:**

CHECK AS MANY AS APPLY

JURISDICTION		DISTRICT COURT DISPOSITION		
1. FEDERAL	2. APPELLATE	1. STAGE OF PROCEEDINGS	2. TYPE OF JUDGMENT/ ORDER APPEALED	3. RELIEF
( ) FEDERAL QUESTION ( ) DIVERSITY ( ) OTHER (SPECIFY):	( ) FINAL DECISION OF DISTRICT COURT ( ) INTERLOCUTORY DECISION APPEALABLE AS OF RIGHT ( ) INTERLOCUTORY ORDER CERTIFIED BY DISTRICT JUDGE (SPECIFY) ( ) OTHER (SPECIFY)	( ) PRE-TRIAL ( ) DURING TRIAL ( ) AFTER TRIAL	( ) DEFAULT JUDGMENT ( ) JUDGMENT/ COURT DECISION ( ) DISMISSAL/ JURISDICTION ( ) JUDGMENT/JURY VERDICT ( ) DISMISSAL/MERITS ( ) SUMMARY JUDGMENT ( ) JUDGMENT NOV ( ) DECLARATORY JUDGMENT ( ) DIRECTED VERDICT ( ) OTHER (SPECIFY)	( ) DAMAGES: AMOUNT SOUGHT: $ _____ AMOUNT ( ) GRANTED: $_____ ( ) DENIED: $_____ ( ) INJUNCTIONS ( ) PRELIMINARY OR ( ) PERMANENT ( ) GRANTED OR ( ) DENIED

BRIEF DESCRIPTION OF NATURE OF ACTION AND RESULT BELOW:

_____

ISSUES PROPOSED TO BE RAISED ON APPEAL REV. 10/96

Form 6. Civil Appeals Docketing Statement (con't)

BASED ON YOUR PRESENT KNOWLEDGE:

1. Does this appeal involve a question of first impression? ___ Yes ___ No

2. Will the determination of this appeal turn on the interpretation or application of a particular case or statute? ___ Yes ___ No If yes, provide:

   Case name/statute:_____
   _____
   Citation: _____
   Docket number, if unreported: _____
   _____

3. Is there any case now pending or about to be filed in this court or any other court or administrative agency which:

   a) Arises from substantially the same case or controversy as this appeal? ___ Yes ___ No

   b) Involves an issue that is substantially the same, similar or related to an issue in this appeal? ___ Yes ___ No

      Case name: _____
      _____
      Citation: _____
      Court or agency: _____
      Docket number, if unreported: ___
      _____

4. Will this appeal involve a conflict of law within the _____ Circuit? ___ Yes ___ No

   Among circuits? ___ Yes ___ No
   If yes, explain briefly:
   _____
   _____
   _____

DOES THIS APPEAL INVOLVE ANY OF THE FOLLOWING:

___ Possibility of settlement;

___ Likelihood of a motion to expedite the appeal;

___ Multiple parties on either side for whom joint briefing is possible;

___ Likelihood of motions to intervene on appeal;

___ Likelihood of motions to file amicus briefs;

___ Likelihood of motions to stay appeal pending resolution of a related case. Identify case name, docket number and court or agency:
_____
_____
_____

___ Other procedural complexities:
_____
_____

COUNSEL FOR APPELLANT(S):

NAME:_____
_____
___FIRM: _____
_____
ADDRESS: _____
_____
_____
TELEPHONE: (___) _____

I CERTIFY THAT A COPY OF THIS CIVIL APPEALS DOCKETING STATEMENT WAS SUBMITTED TO THE CLERK OF THE DISTRICT COURT OR THE CLERK OF THE U.S. COURT OF APPEALS, AND THAT IT WAS SERVED ON EACH PARTY/COUNSEL SHOWN ON THE ATTACHED SERVICE LIST.

_____ _____
SIGNATURE DATE

REMEMBER TO ATTACH COPIES OF ORDER/JUDGMENT APPEALED FROM
AND SERVICE LIST WITH TELEPHONE NUMBERS

Form 7. Notice Under Ninth Circuit Rule 28-4

We certify that all

❑	Appellants	❑	Appellants/cross-appellees
❑	Appellees	❑	Appellees/cross-appellants

1. Will file a joint

❑	Opening brief	❑	Opening brief on cross-appeal
❑	Answering brief	❑	Answering/opening brief on cross-appeal
❑	Reply brief	❑	Reply/answering brief on cross-appeal
		❑	Cross-appeal reply brief

2. Are responding to a joint or multiple brief.

We further certify that no previous extensions of time to file this brief or enlargements of brief length have been obtained.

Pursuant to Rule 28-4, the brief's due date will be extended for 21 days and the size enlarged by 5 monotype pages or 1,400 words.

Subsequent briefing will proceed as follows:

- The answering brief will be due 30 days from service of the joint opening brief.
- The reply brief will be due 14 days from service of the joint answering brief.
- The answering/opening brief will be due 40 days from service of the joint opening brief on cross-appeal.
- The reply/answering brief will be due 30 days from service of the joint answering/opening brief on cross-appeal.
- The cross-appeal reply brief will be due 14 days from service of the joint reply/answering brief.

_____
Counsel for _____

_____
Counsel for _____

_____
Counsel for _____

Additional sheets may be attached for the signatures of additional counsel.

THIS NOTICE MUST BE FILED WITH THE COURT AND SERVED ON OPPOSING COUNSEL AND ACCOMPANIED BY PROOF OF SUCH SERVICE.

7/1/97

Form 8. Certificate of Compliance Pursuant to Fed. R. App. 32(a)(7)(C) and Circuit Rule 32-1 for Case Number _____

(see next page) Form Must Be Signed By Attorney or Unrepresented Litigant *And Attached to the Back of Each Copy of the Brief*

I certify that: **(check appropriate option(s))**

__1. Pursuant to Fed. R. App. P. 32 (a)(7)(C) and Ninth Circuit Rule 32-1, the attached opening/answering/reply/cross-appeal brief is

❏ Proportionately spaced, has a typeface of 14 points or more and contains _____ words (opening, answering, and the second and third briefs filed in cross-appeals must not exceed 14,000 words; reply briefs must not exceed 7,000 words),

or is

❏ Monospaced, has 10.5 or fewer characters per inch and contains _____ words or _____ lines of text (opening, answering, and the second and third briefs filed in cross-appeals must not exceed 14,000 words or 1,300 lines of text; reply briefs must not exceed 7,000 words or 650 lines of text).

__2. The attached brief is **not** subject to the type-volume limitations of Fed. R. App. P. 32(a)(7)(B) because

❏ This brief complies with Fed. R. App. P. 32(a)(1)-(7) and is a principal brief of no more than 30 pages or a reply brief of no more than 15 pages;

❏ This brief complies with a page or size-volume limitation established by separate court order dated _____ and is

❏ Proportionately spaced, has a typeface of 14 points or more and contains _____ words,

or is

❏ Monospaced, has 10.5 or fewer characters per inch and contains _____pages or_____ words or _____ lines of text.

__3. *Briefs in Capital Cases*

❏ This brief is being filed in a capital case pursuant to the type-volume limitations set forth at Circuit Rule 32-4 **and is**

❑ Proportionately spaced, has a typeface of 14 points or more and contains _____ words (opening, answering, and the second and third briefs filed in cross-appeals must not exceed 21,000 words; reply briefs must not exceed 9,800 words)

or is

❑ Monospaced, has 10.5 or fewer characters per inch and contains _____ words or _____ lines of text (opening, answering, and the second and third briefs filed in cross-appeals must not exceed 75 pages or 1,950 lines of text; reply briefs must not exceed 35 pages or 910 lines of text).

__4. *Amicus Briefs*

❑ Pursuant to Fed. R. App. P. 29(d) and 9th Cir. R. 32-1, the attached amicus brief is proportionally spaced, has a typeface of 14 points or more and contains 7000 words or less,

or is

❑ Monospaced, has 10.5 or fewer characters per inch and contains not more than either 7000 words or 650 lines of text,

or is

❑ **Not** subject to the type-volume limitations because it is an amicus brief of no more than 15 pages and complies with Fed. R. App. P. 32(a)(1)(5).

_____ _____

Date Signature of Attorney or Unrepresented Litigant

Form 9. Application for Attorneys Fees

DESCRIPTION OF SERVICES	***DATES***	***HOURS***
Interviews & Conferences		
Obtaining & Reviewing Records		
Legal Research		
Preparing Briefs		
Preparing for & Attending Argument		
Other: (specify on additional sheet(s))		
Hourly Rate of Compensation		

TOTAL COMPENSATION REQUESTED: _____

_____ _____

Signature *Date*

An affidavit attesting to the accuracy of the above statements and demonstrating the basis for the hourly rate of compensation requested must accompany this form.

Form 10. Bill of Costs

United States Court of Appeals for the Ninth Circuit
BILL OF COSTS

Note: If you wish to file a bill of costs, it MUST be submitted on this form and filed, with the clerk, with proof of service, within 14 days of the date of entry of judgment, and in accordance with Circuit Rule 39-1. A late bill of costs must be accompanied by a motion showing good cause. Please refer to FRAP 39, 28 U.S.C. § 1920, and Circuit Rule 39-1 when preparing your bill of costs.

_____ v. _____ CA No. _____

The Clerk is requested to tax the following costs against:_____

COST TAXABLE UNDER FRAP 39, 28 U.S.C. § 1920, Circuit Rule 39-1	REQUESTED Each Column Must Be Completed				ALLOWED To Be Completed by the Clerk			
	No. of Docs. *	Pages per Doc.	Cost per Page **	TOTAL COST	No. of Docs.	Pages per Doc.	Cost per Page	TOTAL COST
Excerpt of Record								
Appellant's Brief								
Appellee's Brief								
Appellant's Reply Brief								
Other								
			TOTAL	$			TOTAL	$

Form 10. Bill of Costs - *Continued*

Other: Any other requests must be accompanied by a statement explaining why the item(s) should be taxed pursuant to Circuit Rule 39-1. Additional items without such supporting statements will not be considered.

Attorneys fees **cannot** be requested on this form.

* If more than 7 excerpts or 20 briefs are requested, a statement explaining the excess number must be submitted.

** Costs per page may not exceed .20 or actual cost, whichever is less. Circuit Rule 39-1.

I, _____, swear under penalty of perjury that the services for which costs are taxed were actually and necessarily performed, and that the requested costs were actually expended as listed. The printer's itemized statement showing actual costs per page is attached.

Signature: _____Date: _____

Name of Counsel (printed or typed): _____Attorney for: _____

Date: _____ Costs are taxed in the amount of $_____

Clerk of Court
By: _____, Deputy Clerk