

UNITED STATES DISTRICT COURT
Northern District of California
450 Golden Gate Avenue
San Francisco, California 94102

www.cand.uscourts.gov

Richard W. Wieking
Clerk

General Court Number
415.522.2000

December 17, 2007

Clerk
U.S. Court of Appeals
For the Ninth Circuit
P.O. Box 193939
San Francisco, CA 94119-3939

CASE NUMBER: CV 07-05200 MJJ

CASE TITLE: JONATHAN LEE RICHES-v-VICTOR CONTE

07-17331

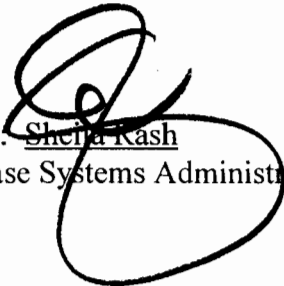
USCA Case Number:

Dear Sir/Madam:

Enclosed is the **Notice of Appeal and Certificate of Record** in the above captioned case. Please acknowledge receipt on the enclosed copy of this letter and return it to this office.

Sincerely,

RICHARD W. WIEKING, Clerk

by: 
Case Systems Administrator

cc: Counsel of Record

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT
NOTICE OF APPEAL NOTIFICATION FORM
Please Fill Out Completely

December 17, 2007

CASE INFORMATION:

Short Case Title: JONATHAN LEE RICHES-v- FOUNDER VICTOR CONTE

Court of Appeals No. (leave blank if a unassigned

U.S. District Court, Division & Judge Name: San Francisco division ~ Judge Martin J. Jenkins

Criminal and/or Civil Case No.: CV 07-05200 MJJ

Date Complaint/Indictment/Petition Filed: 10/11/07

Date Appealed order/judgment entered 10/25/07

Date NOA filed 12/11/07

Date(s) of Indictment

Plea Hearing

Sentencing

COA Status (check one):

granted in full (attach order)

denied in full (send record)

granted in part (attach order)

pending

Court Reporter(s) Name & Phone Number: n/a

Magistrate Judge's Order? If so, please attach.

FEE INFORMATION

Date Docket Fee Paid:

Date Docket Fee Billed: 12/11/07

Date FP granted:

Date FP denied:

Is FP pending? yes no

Was FP limited ? Revoked ?

US Government Appeal? yes no

Companion Cases? Please list:

Please attach copy of any order granting, denying or revoking FP.

COUNSEL INFORMATION (Please include email address)

Appellate Counsel:

Appellee Counsel:

see docket sheet

no appearance

retained CJA FPD Pro Se Other *Please attach appointment order.*

DEFENDANT INFORMATION

Prisoner ID:

Address:

Custody:

Bail:

AMENDED NOTIFICATION INFORMATION

Date Fees Paid:

9th Circuit Docket Number:

Name & Phone Number of Person Completing this Form: Sheila Rash

(415) 522-2099