UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT NOTICE OF APPEAL NOTIFICATION FORM

Please Fill Out Completely

August 10, 2010

| CASE INFORMATION: | | |
|--------------------------------------|---|---------------------------------------|
| Short Case Title: KRISTIN N | <u> 1. PERRY</u> -v- <u>ARNOLD SCHWAI</u> | <u>RZENEGGER</u> |
| Court of Appeals No. (leave bl | ank if a unassigned | |
| U.S. District Court, Division & | Judge Name: Northern District of C. | A, Civil Division, Judge Walker |
| Criminal and/or Civil Case No | · | |
| Date Complaint/Indictment/Per | | |
| Date Appealed order/judgment | <i>entered</i> <u>8/4/10</u> | |
| Date NOA <i>filed</i> <u>8/10/10</u> | | |
| Date(s) of Indictment Plea He | aring 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 & Pho | ne Number: <u>Sahar McVickar 415-626</u> | -6060, Belle Ball 415-373-2529, Kelly |
| Bryce 415-522-2102, Lydia Zi | nn 415-531-6587, Kathy Sullivan 41: | 5-794-6659, Debra Pas 415-431-1477, |
| <u>Jim Yeomans 415-863-5179, C</u> | Connie Kuhl 415-431-2020 and Joan C | Columbini 415-255-6842 |
| Magis | trate Judge's Order? If so, please at | tach. |
| FEE INFORMATION | | |
| Date Docket Fee Paid: 8/10/10 | Date Docket Fee E | Billed: |
| Date FP granted: Date FP denied: | | |
| Is FP pending? □ yes □ no | Was FP limited <u>□</u> ? | Revoked <u>□</u> ? |
| US Government Appeal? yes | | |
| Companion Cases? Please list | | |
| Please attach | copy of any order granting, denying | or revoking FP. |
| COUNSEL INFORMATION (Plea | se include email address) | |
| Appellate Counsel: | Appellee Counsel: | |
| GEE DOCKE | | |
| SEE DOCKET | SHEET | |
| □ retained □ CJA □ FPD □ | Pro Se □ Other Please attach ap | ppointment order. |
| DEFENDANT INFORMATION | _ | • |
| Prisoner ID: | Address: | |
| Custody: | | |
| Bail: | | |
| AMENDED NOTIFICATION INF | ORMATION | |
| Date Fees Paid: | 9th Circuit Docket Number | : |
| | | |

Name & Phone Number of Person Completing this Form: Felicia Reloba, 415-522-2000