

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WISCONSIN

PAUL D. AMMERMAN,
Plaintiff,

Case No. 17-cv-193-wmc

-v-

DR. KALEB SINGLETON, ET AL.,
Defendants.

NOTICE OF APPEAL

Notice is hereby given that Paul D. Ammerman verses Dr. Singleton, Mr. Murphy, Ms. Denise Romanow, Captain Crapster, Lietenant Hinton, and Security Directof Larry Fuchs in the abovè named case, hereby appeals to the United States Court of Appeals for the Seventh Circuit from the judgment on November 8, 2019 by Honorable District Judge William M. Conley, who ordered judgment of Summary Judgment in favor of the defendants.

DATED: November 14, 2019

SIGNATURE: 

Paul D. Ammerman
Columbia Correctional Institution
P.O. Box 900
Portage, WI. 53901-0900

PAUL D. AMMERMAN
COLUMBIA CORRECTIONAL INSTITUTION
P.O. BOX 900
PORTAGE, WI. 53901-0900

Clerk of Courts for the
Western district of Wisconsin
120 N. Henry St., Rm 320
Madison, WI 53707

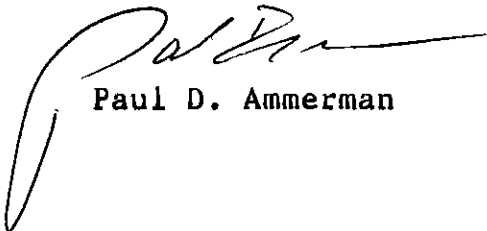
Re: Ammerman v. Singleton
Case No. 17-cv-193-wmc

November 14, 2019

Dear Clerk of Courts,

Please file this Notice of Appeal in Honorable Judge Conley's
Court, and thank-you for always being available when I had questions.

Respectfully,



Paul D. Ammerman

INTERVIEW/INFORMATION REQUEST
SOLICITUD PARA INFORMACION / ENTREVISTA

Instruction to Inmate Do not use this form to contact health staff. Use a Health, Dental or Psychological Service Request

OFFENDER NAME NOMBRE DEL/LA OFENSOR(A) Paul D. Ammerman	DOC NUMBER NUMERO DEL/LA OFENSOR(A) 253696	LIVING UNIT UNIDAD DE VIVIENDA 2-19
DATE FECHA 11-14-19	WORK ASSIGNMENT ASIGNACION DE TRABAJO	

Interview *Entrevista* Information *Informacion*

STATE REASON FOR INTERVIEW OR SPECIFY INFORMATION REQUESTED
INDIQUE LA RAZON PARA LA ENTREVISTA O ESPECIFIQUE LA INFORMACION QUE SOLICITA

Please file this with the Western District of Wisconsin.

Also, thank-you for addressing this issue and the new books!

(Do Not Write Below This Line) *(No Escriba Debajo Esta Linea)*

DISPOSITION OF REQUEST *DISPOSICION DE LA SOLICITUD*

- You Will Be Interviewed
Usted sera entrevistado Date: _____ Time: _____
Fecha: _____ *Hora:* _____
- Information to Follow
Informacion Sera Proveida
- Request Referred To:
Solicitud Refereida A: _____

Information/Comment:
Informacion/Comentario: _____

Signed *Firmado*

Department *Departamento*