

NOTICE OF APPEAL TRANSMITTAL FORM  
United States Court of Appeals  
For the Federal Circuit  
U.S. District Court, District of Nevada (Las Vegas)

**Case Information**

Short Case Title:   
U.S. District Judge:   
Case Number(s):   
Date Complaint Filed:   
Date Appealed Order/Judgment Entered:   
Date Appeal(s) Filed:

**Court Recorder/Reporter**

Name, Telephone Number:

**Fee Information**

Date Docket Fee Paid:   
U.S. Government Appeal?   
Date IFP Granted:  Date IFP Denied:   
Is IFP Pending?  Other:

**Name of Person Completing This Form**

**Phone Number:**

**Court of Appeals: Please acknowledge receipt of the above items on the enclosed copy of this letter.**

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