UNITED STATES DISTRICT COURT FOR THE DISTRICT OF EASTERN DISTRICT OF CALIFORNIA

Form 1. Notice of Appeal from a Judgment or Order of a United States District Court

U.S. District Court case number: 2:23-cv-02995-KJM-JDP

Notice is hereby given that the appellant(s) listed below hereby appeal(s) to the United States Court of Appeals for the Ninth Circuit.

Date case was first filed in U.S. District Court	: 12/22/23			
Date of judgment or order you are appealing:	06/18/2025			
Docket entry number of judgment or order you are appealing:		54		
Fee paid for appeal? (appeal fees are paid at the U.S. District Court)				

 \odot Yes \bigcirc No \bigcirc IFP was granted by U.S. District Court

List all Appellants (List each party filing the appeal. Do not use "et al." or other abbreviations.)

AMY DOESCHER, STEVE DOESCHER, DANIELLE JONES, KAMRON JONES, individually and on behalf of their minor children

	Is	this a	cross-appeal?	○ Yes	• No
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If yes, what is the first appeal case number?

Was there a previous appeal in this case? \bigcirc Yes \bigcirc No

N/A

N/A

If yes, what is the prior appeal case number?

Your mailing address (if pro se):

City:	State:	Zip Code:
Prisoner Inmate or A Number	(if applicable):	
Signature Jonnellin	D'hind	Date Jul 15, 2025
- ·	ached representation s	tatement in the U.S. District Court

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Form 6. Representation Statement

Instructions for this form: http://www.ca9.uscourts.gov/forms/form06instructions.pdf

<u>Appellant(s)</u> (*List each party filing the appeal, do not use "et al." or other abbreviations.*) Name(s) of party/parties:

AMY DOESCHER, STEVE DOESCHER, DANIELLE JONES, KAMRON JONES, individually and on behalf of their minor children

Name(s) of counsel (if any):

JONATHON D. NICOL

Address: 1801 Century Park East, 24th Floor, Los Angeles, California 90067

Telephone number(s): 816-514-1178

Email(s): jdn@nicolfirm.com

Is counsel registered for Electronic Filing in the 9th Circuit? • Yes • No

<u>Appellee(s)</u> (List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)

Name(s) of party/parties:

ERICA PAN, in her official capacity as Department of Public Health Director and as the State Public Health Officer

Name(s) of counsel (if any):

DARIN L. WESSEL

Address: 600 West Broadway, Suite 1800, San Diego, California 92101

Telephone number(s): 619-738-9125

Email(s): Darin.Wessel@doj.ca.gov

To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: (attach additional pages as necessary)

Appellants

Name(s) of party/parties:	
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Name(s) of counsel (if any):

Address: ______ Telephone number(s): ______

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? O Yes O No

<u>Appellees</u>

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Feedback or questions about this form? Email us at <u>forms@ca9.uscourts.gov</u>