

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

FILED

APR 21 2023

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

LANA RAE RENNA; et al.,

Plaintiffs - Appellees,

v.

ROB BONTA, in his official capacity
as Attorney General of California and
ALLISON MENDOZA, in her official
capacity as Director of Department of
Justice Bureau of Firearms,

Defendants - Appellants.

No. 23-55367

D.C. No. 3:20-cv-02190-DMS-DEB
U.S. District Court for Southern
California, San Diego

ORDER

A review of this court's docket reflects that the filing and docketing fees for this appeal remain due. Within 21 days after the date of this order, appellants shall pay to the district court the \$505.00 filing and docketing fees for this appeal and file in this court proof of such payment or file in this court a motion to proceed in forma pauperis.

The filing of a motion to proceed in forma pauperis will automatically stay the briefing schedule under Ninth Circuit Rule 27-11.

The Clerk shall serve a Form 4 financial affidavit on appellants.

If appellants fail to comply with this order, this appeal may be dismissed by the Clerk for failure to prosecute. *See* 9th Cir. R. 42-1.

FOR THE COURT:

MOLLY C. DWYER
CLERK OF COURT

By: Tina S. Price
Deputy Clerk
Ninth Circuit Rule 27-7

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 4. Motion and Affidavit for Permission to Proceed in Forma Pauperis

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s)

Case Name

Affidavit in support of motion: I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature **Date**

The court may grant a motion to proceed in forma pauperis if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal. Please state your issues on appeal. (*attach additional pages if necessary*)

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

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Self-Employment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Income from real property (such as rental income)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Interest and Dividends	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gifts	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alimony	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Child Support	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Retirement (such as social security, pensions, annuities, insurance)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Disability (such as social security, insurance payments)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Unemployment Payments	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Public-Assistance (such as welfare)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL MONTHLY INCOME:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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

2. List your employment history for the past two years, most recent employer first.
 (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
		From <input data-bbox="1019 296 1214 348" type="text"/>	\$ <input data-bbox="1276 327 1507 390" type="text"/>
		To <input data-bbox="1019 369 1214 422" type="text"/>	
		From <input data-bbox="1019 447 1214 499" type="text"/>	\$ <input data-bbox="1276 478 1507 541" type="text"/>
		To <input data-bbox="1019 520 1214 573" type="text"/>	
		From <input data-bbox="1019 598 1214 651" type="text"/>	\$ <input data-bbox="1276 630 1507 693" type="text"/>
		To <input data-bbox="1019 672 1214 724" type="text"/>	
		From <input data-bbox="1019 749 1214 802" type="text"/>	\$ <input data-bbox="1276 781 1507 844" type="text"/>
		To <input data-bbox="1019 823 1214 875" type="text"/>	

3. List your spouse's employment history for the past two years, most recent employer first.
 (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
		From <input data-bbox="1019 1209 1214 1262" type="text"/>	\$ <input data-bbox="1276 1241 1507 1304" type="text"/>
		To <input data-bbox="1019 1283 1214 1335" type="text"/>	
		From <input data-bbox="1019 1360 1214 1413" type="text"/>	\$ <input data-bbox="1276 1392 1507 1455" type="text"/>
		To <input data-bbox="1019 1434 1214 1486" type="text"/>	
		From <input data-bbox="1019 1512 1214 1564" type="text"/>	\$ <input data-bbox="1276 1543 1507 1606" type="text"/>
		To <input data-bbox="1019 1585 1214 1638" type="text"/>	
		From <input data-bbox="1019 1663 1214 1715" type="text"/>	\$ <input data-bbox="1276 1694 1507 1757" type="text"/>
		To <input data-bbox="1019 1736 1214 1789" type="text"/>	

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

Home	Value	Other Real Estate	Value
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Motor Vehicle 1: Make & Year	Model	Registration #	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Motor Vehicle 2: Make & Year	Model	Registration #	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Other Assets	Value
	\$ <input data-bbox="1193 226 1518 296" type="text"/>
	\$ <input data-bbox="1193 367 1518 436" type="text"/>
	\$ <input data-bbox="1193 508 1518 577" type="text"/>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
	\$ <input data-bbox="734 863 1094 932" type="text"/>	\$ <input data-bbox="1154 863 1515 932" type="text"/>
	\$ <input data-bbox="734 1003 1094 1073" type="text"/>	\$ <input data-bbox="1154 1003 1515 1073" type="text"/>
	\$ <input data-bbox="734 1144 1094 1213" type="text"/>	\$ <input data-bbox="1154 1144 1515 1213" type="text"/>

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <input type="text"/>	\$ <input type="text"/>
- Are real estate taxes included? <input type="radio"/> Yes <input type="radio"/> No		
- Is property insurance included? <input type="radio"/> Yes <input type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <input type="text"/>	\$ <input type="text"/>
Home maintenance (repairs and upkeep)	\$ <input type="text"/>	\$ <input type="text"/>
Food	\$ <input type="text"/>	\$ <input type="text"/>
Clothing	\$ <input type="text"/>	\$ <input type="text"/>
Laundry and dry-cleaning	\$ <input type="text"/>	\$ <input type="text"/>
Medical and dental expenses	\$ <input type="text"/>	\$ <input type="text"/>
Transportation (not including motor vehicle payments)	\$ <input type="text"/>	\$ <input type="text"/>
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text"/>	\$ <input type="text"/>
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ <input type="text"/>	\$ <input type="text"/>
- Life	\$ <input type="text"/>	\$ <input type="text"/>
- Health	\$ <input type="text"/>	\$ <input type="text"/>
- Motor Vehicle	\$ <input type="text"/>	\$ <input type="text"/>
- Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Taxes (not deducted from wages or included in mortgage payments)		
Specify <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

	You	Spouse
Installment payments		
- Motor Vehicle	\$ <input type="text"/>	\$ <input type="text"/>
- Credit Card (name) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
- Department Store (name) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alimony, maintenance, and support paid to others	\$ <input type="text"/>	\$ <input type="text"/>
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL MONTHLY EXPENSES	\$ <input type="text"/>	\$ <input type="text"/>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? Yes No

If Yes, describe on an attached sheet.

10. Have you spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? Yes No

If Yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

12. State the city and state of your legal residence.

City State

Your daytime phone number (ex., 415-355-8000)

Your age Your years of schooling