

UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

**FILED**

MAY 5 2021

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

RYAN STEPHEN EHRENREICH,

Plaintiff-Appellant,

v.

ALEX PADILLA, Secretary of State of  
California,

Defendant-Appellee.

No. 21-15784

D.C. No.

2:20-cv-02422-JAM-CKD

Eastern District of California,  
Sacramento

ORDER

A review of the district court's docket reflects that the district court has certified that this appeal is frivolous and has revoked appellant's in forma pauperis status. *See* 28 U.S.C. § 1915(a). This court may dismiss a case at any time, if the court determines the case is frivolous. *See* 28 U.S.C. § 1915(e)(2).

Within 35 days after the date of this order, appellant must:

- (1) file a motion to dismiss this appeal, *see* Fed. R. App. P. 42(b), or
- (2) file a statement explaining why the appeal is not frivolous and should go forward.

If appellant files a statement that the appeal should go forward, appellant also must:

- (1) file in this court a motion to proceed in forma pauperis, OR

(2) pay to the district court \$505.00 for the filing and docketing fees for this appeal AND file in this court proof that the \$505.00 was paid.

If appellant does not respond to this order, the Clerk will dismiss this appeal for failure to prosecute, without further notice. *See* 9th Cir. R. 42-1. If appellant files a motion to dismiss the appeal, the Clerk will dismiss this appeal, pursuant to Federal Rule of Appellate Procedure 42(b). If appellant submits any response to this order other than a motion to dismiss the appeal, the court may dismiss this appeal as frivolous, without further notice.

The briefing schedule for this appeal is stayed.

The Clerk shall serve on appellant: (1) a form motion to voluntarily dismiss the appeal, (2) a form statement that the appeal should go forward, and (3) a Form 4 financial affidavit. Appellant may use the enclosed forms for any motion to dismiss the appeal, statement that the appeal should go forward, and/or motion to proceed in forma pauperis.

FOR THE COURT:

MOLLY C. DWYER  
CLERK OF COURT

By: Corina Orozco  
Deputy Clerk  
Ninth Circuit Rule 27-7

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

\_\_\_\_\_ 9th Cir. Case No. \_\_\_\_\_  
Appellant(s),

v.

\_\_\_\_\_  
Appellee(s).

**MOTION TO VOLUNTARILY DISMISS APPEAL**

Pursuant to Federal Rule of Appellate Procedure 42(b), appellant(s)

\_\_\_\_\_ hereby move(s)

the court for an order dismissing appeal No. \_\_\_\_\_ - \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Signature(s)

Appellant(s) in Pro Se

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

\_\_\_\_\_ 9th Cir. Case No. \_\_\_\_\_  
Appellant(s),

v.

\_\_\_\_\_  
Appellee(s).

**STATEMENT THAT APPEAL SHOULD GO FORWARD**  
(attach additional sheets as necessary)

1. Date(s) of entry of judgment or order(s) you are challenging in this appeal:

\_\_\_\_\_.

2. What claims did you raise to the court below?

3. What do you think the court below did wrong? (You may, but need not, refer to cases and statutes.)

4. Why are these errors serious enough that this appeal should go forward?

5. Additional Information:

Dated: \_\_\_\_\_

\_\_\_\_\_

Print Name(s)

\_\_\_\_\_

Signature(s)

Appellant(s) in Pro Se

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

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

Use Form 4 or an equivalent financial declaration to ask the court to waive the filing fees for an appeal or petition for review **in any civil case**.

For criminal and habeas corpus cases, use Form 23 CJA Financial Affidavit instead of Form 4 to request a fee waiver or to ask for appointment of counsel.

- Answer **all** questions on the form even if the answer is “0” or “N/A” (not applicable).
- Include your case number and sign the form. You do not need to have the form notarized.
- Do **not** include your Social Security number.

If you are a self-represented party who is not registered for electronic filing, mail the completed form to: U.S. Court of Appeals for the Ninth Circuit, P.O. Box 193939, San Francisco, CA 94119-3939.

To file Form 4 electronically, use the electronic document filing type “Motion for Any Type of Relief” and “motion to proceed in forma pauperis” as the relief.

**How to prepare fill-in forms for filing:**

- If you have Adobe Acrobat or another tool that lets you save completed forms:
  1. Complete the form.
  2. Print the completed form to your PDF printer (File > Print > select Adobe PDF or another PDF printer listed in the drop-down list).
- If you do not have Adobe Acrobat or another tool that lets you save completed forms:
  1. Complete the form.
  2. Print the completed form to your printer.
  3. Scan the completed form to a PDF file.

**Note:** The fill-in PDF version of the form is available on the court’s website at <http://www.ca9.uscourts.gov/forms/>.

***Do not file this instruction page***

*Feedback or questions about this form? Email us at [forms@ca9.uscourts.gov](mailto:forms@ca9.uscourts.gov)*

**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](mailto: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"/>
<b>TOTAL MONTHLY INCOME:</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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 352" type="text"/>	\$ <input data-bbox="1279 331 1507 388" type="text"/>
		To <input data-bbox="1019 375 1214 432" type="text"/>	
		From <input data-bbox="1019 447 1214 504" type="text"/>	\$ <input data-bbox="1279 483 1507 539" type="text"/>
		To <input data-bbox="1019 527 1214 583" type="text"/>	
		From <input data-bbox="1019 598 1214 655" type="text"/>	\$ <input data-bbox="1279 634 1507 690" type="text"/>
		To <input data-bbox="1019 678 1214 735" type="text"/>	
		From <input data-bbox="1019 749 1214 806" type="text"/>	\$ <input data-bbox="1279 785 1507 842" type="text"/>
		To <input data-bbox="1019 829 1214 886" 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 1211 1214 1268" type="text"/>	\$ <input data-bbox="1279 1247 1507 1304" type="text"/>
		To <input data-bbox="1019 1291 1214 1348" type="text"/>	
		From <input data-bbox="1019 1362 1214 1419" type="text"/>	\$ <input data-bbox="1279 1398 1507 1455" type="text"/>
		To <input data-bbox="1019 1442 1214 1499" type="text"/>	
		From <input data-bbox="1019 1514 1214 1570" type="text"/>	\$ <input data-bbox="1279 1549 1507 1606" type="text"/>
		To <input data-bbox="1019 1593 1214 1650" type="text"/>	
		From <input data-bbox="1019 1665 1214 1722" type="text"/>	\$ <input data-bbox="1279 1701 1507 1757" type="text"/>
		To <input data-bbox="1019 1745 1214 1801" 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 style="width: 150px; height: 25px;" type="text"/>
	\$ <input style="width: 150px; height: 25px;" type="text"/>
	\$ <input style="width: 150px; height: 25px;" 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 style="width: 150px; height: 25px;" type="text"/>	\$ <input style="width: 150px; height: 25px;" type="text"/>
	\$ <input style="width: 150px; height: 25px;" type="text"/>	\$ <input style="width: 150px; height: 25px;" type="text"/>
	\$ <input style="width: 150px; height: 25px;" type="text"/>	\$ <input style="width: 150px; height: 25px;" 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"/>
<b>TOTAL MONTHLY EXPENSES</b>	\$ <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