Print or Print to SAVE AS PDF.

Appellate Docket Number:
Appellate Case Style:
Vs.

Companion Case(s):

Amended/Corrected Statement ☐

DOCKETING STATEMENT (Civil)

Appellate Court: Select

(to be filed in the court of appeals upon perfection of appeal under TRAP 32)

NOTE: *Because space for additional parties / attorneys is limited on this form, you can include the information on a separate document. As per TRAP 32.1 and 9.4, please include party's name and the name, address, email address, telephone number, fax number, if any, and State Bar Number of the party's lead counsel. If the party is not represented by an attorney, that party's name, address, telephone number, fax number should be provided.*

I. Appellant

☐ Person ☐ Organization

Name:

☐ Pro Se

If Pro Se Party, enter the following information:

Address:

City/State/Zip:

Tel. Ext. Fax:

Email:

II. Appellant Attorney(s)

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

II. Appellant Attorney(s) - Continued

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

III. Appellee

☐Person ☐Organization

Name:

☐ Pro Se

If Pro Se Party, enter the following information:

Address:

City/State/Zip:

Tel. Ext. Fax:

Email:

IV. Appellee Attorney(s)

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

IV. Appellee Attorney(s) - Continued

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

☐Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

☐ Lead Attorney Select

Name:

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

V. Perfection of Appeal, Judgment and Sentencing

Nature of Case (Subject matter or type of case): Select

Date Order or Judgment signed: Type of Judgment: Select

Date Notice of Appeal filed in Trial Court:

If mailed to the Trial Court clerk, also give the date mailed:

Interlocutory appeal of appealable order: ☐ Yes ☐ No

If yes, please specify statutory or other basis on which interlocutory order is appealable (See TRAP 28):

Accelerated Appeal (See TRAP 28): ☐ Yes ☐ No

If yes, please specify statutory or other basis on which appeal is accelerated:

Parental Termination or Child Protection? (See TRAP 28.4): ☐ Yes ☐ No

Permissive? (See TRAP 28.3): ☐ Yes ☐ No

If yes, please specify statutory or other basis for such status:

Agreed? (See TRAP 28.2): ☐ Yes ☐ No

If yes, please specify statutory or other basis for such status:

Appeal should receive precedence, preference, or priority under statute or rule? ☐ Yes ☐ No

If yes, please specify statutory or other basis for such status:

Does this case involve an amount under $100,000? ☐ Yes ☐ No

Judgment or Order disposes of all parties and issues? ☐ Yes ☐ No

Appeal from final judgment? ☐ Yes ☐ No

Does the appeal involve the constitutionality or the validity of a statute, rule, or ordinance? ☐ Yes ☐ No

If yes, you must also complete and file the Challenge to Constitutionality of a State Statute form.

If yes, is the Attorney General of Texas a party to the case? ☐ Yes ☐ No

VI. Actions Extending Time to Perfect Appeal

Motion for New Trial: ☐ Yes ☐ No If yes, date filed:

Motion to Modify Judgment: ☐ Yes ☐ No If yes, date filed:

Request for Findings of Fact and Conclusions of Law: ☐ Yes ☐ No If yes, date filed:

Motion to Reinstate: ☐ Yes ☐ No If yes, date filed:

Motion under TRCP 306a: ☐ Yes ☐ No If yes, date filed:

Other: ☐ Yes ☐ No

If Other, please specify:

VII. Indigency of Party (Attach file stamped copy of Statement and copy of the trial court order.)

Was Statement of Inability to Pay Court Costs filed in the trial court? ☐ Yes ☐ No

If yes, date filed:

Was a Motion Challenging the Statement filed in the trial court? ☐ Yes ☐ No

If yes, date filed:

Was there any hearing on appellant's ability to afford court costs? ☐ Yes ☐ No

Hearing Date:

Did trial court sign an order under Texas Rule of Civil Procedure 145? ☐ Yes ☐ No

Date of Order:

If yes, trial court finding: ☐ Challenge Sustained ☐ Overruled

VIII. Bankruptcy

Has any party to the court's judgment filed for protection in bankruptcy which might affect this appeal?

☐ Yes ☐ No

If yes, please attach a copy of the petition.

Date bankruptcy filed:

Bankruptcy Case Number:

IX. Trial Court and Record

Court:

County:

Trial Court Docket No. (Cause No.):

Trial Court Judge (who tried or disposed of the case):

Name:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Clerk's Record

Trial Court Clerk: ☐ District ☐ County

Was Clerk's record requested? ☐ Yes ☐ No

If yes, date requested:

If no, date it will be requested:

Were payment arrangements made with clerk?

☐ Yes ☐ No ☐ Indigent

(Note: No request required under TRAP 34.5(a),(b).)

IX. Trial Court and Record - Continued

Reporter's or Recorder's Record

Is there a Reporter's Record? ☐ Yes ☐ No

Was Reporter's Record requested? ☐ Yes ☐ No

If yes, date requested:

If no, date it will be requested:

Was the Reporter's Record electronically recorded? ☐ Yes ☐ No

Were payment arrangements made with the court reporter/court recorder? ☐ Yes ☐ No ☐ Indigent

☐ Court Reporter ☐ Court Recorder ☐ Official ☐ Substitute Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	☐ Court Reporter ☐ Court Recorder ☐ Official ☐ Substitute Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:

X. Supersedeas Bond

Supersedeas bond filed? ☐ Yes ☐ No

If yes, date filed:

If no, will file? ☐ Yes ☐ No

XI. Extraordinary Relief

Will you request extraordinary relief (e.g., temporary or ancillary relief) from this Court? ☐ Yes ☐ No

If yes, briefly state the basis for your request:

XII. Alternative Dispute Resolution/Mediation
(Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeals.)

Should this appeal be referred to mediation? ☐ Yes ☐ No

If no, please specify:

Has this case been through an ADR procedure? ☐ Yes ☐ No

If yes, who was the mediator?

What type of ADR procedure?

At what stage did the case go through ADR? ☐ Pre-Trial ☐ Post-Trial ☐ Other

If other, please specify:

Type of Case? Select

Give a brief description of the issue to be raised on appeal, the relief sought, and the applicable standard for review, if known (without prejudice to the right to raise additional issues or request additional relief):

How was the case disposed of?

Summary of relief granted, including amount of money judgment, and if any, damages awarded.

If money judgment, what was the amount? Actual damages:

Punitive (or similar) damages:

Attorney's fees (trial):

Attorney's fees (appellate):

Other:

If other, please specify:

Will you challenge this Court's jurisdiction? ☐ Yes ☐ No

Does judgment have language that one or more parties "take nothing"? ☐ Yes ☐ No

Does judgment have a Mother Hubbard clause? ☐ Yes ☐ No

Other basis for finality:

XII. Alternative Dispute Resolution/Mediation - Continued
(Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeals.)

Rate the complexity of the case (use 1 for least and 5 for most complex): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please make my answer to the preceding questions known to other parties in this case? ☐ Yes ☐ No

Can the parties agree on an appellate mediator? ☐ Yes ☐ No

If yes, please give the name, address, telephone, fax, and email address:

Name:

Address:

Telephone: Ext.

Fax:

Email:

Languages other than English in which the mediator should be proficient:

Name of the person filling out mediation section of docketing statement:

XIII. Related Matters

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: Select Appellate Court Docket:
Style:
Vs.

Court: Select Appellate Court Docket:
Style:
Vs.

Court: Select Appellate Court Docket:
Style:
Vs.

Court: Select Appellate Court Docket:
Style:
Vs.

Court: Select Appellate Court Docket:
Style:
Vs.

Court: Select Appellate Court Docket:
Style:
Vs.

XIV. Pro Bono Program:
(Complete section if filing in the 1st, 2nd, 3rd, 5th, 7th, 13th or 14th Court of Appeals.)

The Courts of Appeals listed above, in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee and local Bar Associations, are conducting a program to place a limited number of civil appeals with appellate counsel who will represent the appellant in the appeal before this Court.

The Pro Bono Committee is solely responsible for screening and selecting the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant or appellee. If a case is selected by the Committee, and can be matched with appellate counsel, that counsel will take over representation of the appellant or appellee without charging legal fees. More information regarding this program can be found in the Pro Bono Program Pamphlet available in paper form at the Clerk's Office or on the Internet at http://www.tex-app.org. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

Note: there is no guarantee that if you submit your case for possible inclusion in the Pro Bono Program, the Pro Bono Committee will select your case and that pro bono counsel can be found to represent you. Accordingly, you should not forego seeking other counsel to represent you in this proceeding. By signing your name below, you are authorizing the Pro Bono committee to transmit publicly available facts and information about your case, including parties and background, through selected Internet sites and Listserv to its pool of volunteer appellate attorneys.

Do you want this case to be considered for inclusion in the Pro Bono Program? ☐ Yes ☐ No

Do you authorize the Pro Bono Committee to contact your trial counsel of record in this matter to answer questions the committee may have regarding the appeal? ☐ Yes ☐ No

Please note that any such conversations would be maintained as confidential by the Pro Bono Committee and the information used solely for the purposes of considering the case for inclusion in the Pro Bono Program.

If you have not previously filed a Statement of Inability to Pay Court Costs and attached a file-stamped copy of that Statement, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? ☐ Yes ☐ No

These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at http://aspe.hhs.gov/poverty/06poverty.shtml.

Are you willing to disclose your financial circumstances to the Pro Bono Committee? ☐ Yes ☐ No

If yes, please attach a Statement of Inability to Pay Court Costs completed and executed by the appellant or appellee. Sample forms may be found in the Clerk's Office or on the internet at http://www.tex-app.org. Your participation in the Pro Bono Program may be conditioned upon your execution of a Statement under oath as to your financial circumstances.

Give a brief description of the issues to be raised on appeal, the relief sought, and the applicable standard of review, if known (without prejudice to the right to raise additional issues or request additional relief; use a separate attachment, if necessary).

XV. Fifteenth Court of Appeals Jurisdiction

Effective 9/1/24, certain cases filed with this court must be transferred to the new Fifteenth Court of Appeals (See SB 1045, 88th Legislature, Regular Session). To assist the court in the orderly transfer or cases, please complete the following information.

Does this appeal involve a matter brought by or against the state or a board, commission, department, office, or other agency in the executive branch of the state government, including a university system or institution of higher education as defined by Section 61.003, Education Code, or by or against an officer or employee of the state or a board, commission, department, office, or other agency in the executive branch of the state government arising out of that officer 's or employee 's official conduct? ☐ Yes ☐ No

If the answer is yes, does this appeal involve:

- ☐ a proceeding brought under the Family Code and any related motion or proceeding;
- ☐ a proceeding brought under Chapter 7B or Article 17.292, Code of Criminal Procedure;
- ☐ a proceeding brought against a district attorney, a criminal district attorney, or a county attorney with criminal jurisdiction;
- ☐ a proceeding relating to a mental health commitment;
- ☐ a proceeding relating to civil asset forfeiture;
- ☐ a condemnation proceeding for the acquisition of land or a proceeding related to eminent domain;
- ☐ a proceeding brought under Chapter 101, Civil Practice and Remedies Code;
- ☐ a claim of personal injury or wrongful death;
- ☐ a proceeding brought under Chapter 125, Civil Practice and Remedies Code, to enjoin a common nuisance;
- ☐ a proceeding brought under Chapter 55, Code of Criminal Procedure;
- ☐ a proceeding under Chapter 22A, Government Code;
- ☐ a proceeding brought under Subchapter E-1, Chapter 411, Government Code;
- ☐ a proceeding brought under Chapter 21, Labor Code;
- ☐ a removal action under Chapter 87, Local Government Code;
- ☐ a proceeding brought under Chapter 841, Health and Safety Code;

XVI. Signature

Signature of counsel (or Pro Se Party)	Date
Printed Name /s/ Your Name	State Bar No.
Electronic Signature (Optional)	Name

XVII. Certificate of Service

The undersigned counsel certifies that this Docketing Statement has been served on the following lead counsel for all parties to the Trial Court's Order or Judgment as follows on:

	/s/ Your Name
Signature of counsel (or Pro Se Party)	Electronic Signature (Optional)
State Bar No.	

Certificate of Service Requirements (TRAP 9.5(e)): A certificate of service must be signed by the person who made the service and must state:

(1) the date and manner of service;
(2) the name and address of each person served, and
(3) if the person served is a party's attorney, the name of the party represented by the attorney.

Please enter the following for each person served:	
Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:	Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:
Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:	Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:
Date Served: Manner Served: Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:	

Please enter the following for each person served that is not an attorney for a party:	
Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:

Print or Print to SAVE AS PDF.