Appellate Docket Number:	
Appellate Case Style:	
Vs.	
Companion	
Case(s):	

Amended/Corrected Statement

# **DOCKETING STATEMENT (Civil)**

Appellate Court:

(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			II. Appellant Atto	orney(s) - (	Continued
Person Orga	nization		Lead Attorney		
Name:			Name:		
Pro Se			Bar No.		
If Pro Se Party, ente	er the follow	ing information:	Firm/Agency:		
Address:			Address 1:		
City/State/Zip:			Address 2:		
Tel.	Ext.	Fax:	City/State/Zip:		
Email:			Tel.	Ext.	Fax:
II. Appellant Atto	orney(s)		Email:		
Lead Attorney			Lead Attorney		
Name:			Name:		
Bar No.			Bar No.		
Firm/Agency:			Firm/Agency:		
Address 1:			Address 1:		
Address 2:			Address 2:		
City/State/Zip:			City/State/Zip:		
Tel.	Ext.	Fax:	Tel.	Ext.	Fax:
Email:		_	Email:		_
Lead Attorney			Lead Attorney		
Name:			Name:		
Bar No.			Bar No.		
Firm/Agency:			Firm/Agency:		
Address 1:			Address 1:		
Address 2:			Address 2:		
City/State/Zip:			City/State/Zip:		
Tel.	Ext.	Fax:	Tel.	Ext.	Fax:
Email:			Email:		

III. Appellee	IV. Appellee Attorney(s) - Continued
Person Organization	Lead Attorney
Name:	Name:
Pro Se	Bar No.
If Pro Se Party, enter the following information:	Firm/Agency:
Address:	Address 1:
City/State/Zip:	Address 2:
Tel. Ext. Fax:	City/State/Zip:
Email:	Tel. Ext. Fax:
IV. Appellee Attorney(s)	Email:
Lead Attorney	
Name:	Lead Attorney
Bar No.	Name:
Firm/Agency:	Bar No.
Address 1:	Firm/Agency:
Address 2:	Address 1:
City/State/Zip:	Address 2:
Tel. Ext. Fax:	City/State/Zip:
Email:	Tel. Ext. Fax:
	Email:
Lead Attorney	
Name:	Lead Attorney
Bar No.	Name:
Firm/Agency:	Bar No.
Address 1:	Firm/Agency:
Address 2:	Address 1:
City/State/Zip:	Address 2:
Tel. Ext. Fax:	City/State/Zip:
Email:	Tel. Ext. Fax:
	Email:

V. Perfection of Appeal, Judgment and Sentencing

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

Date Order or Judgment signed: Type of Judgment:

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

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, you must also complete and file the Challenge to Constitutionality of

a State Statute form. If yes, date filed:

Yes No

Was there any hearing on appellant's ability to afford court costs?

Hearing Date: Yes No

Did trial court sign an order under Texas Rule of Civil Procedure 145?

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:

Court Reporter

Official

Court Recorder Substitute

Name:

Address 1: Address 1:

Address 2: Address 2:

City/State/Zip: City/State/Zip:

Tel. Ext. Fax: Tel. Ext. Fax:

Email: 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:

XIII. Related Matters			
List any pending or past related appeals before this, or any other T	Sexas Appellate Court, by Court, Docket, and Style.		
Court: Docke	et:		
Style:			
Vs.			
Court: Docket	et:		
Style:			
Vs.			
Court: Docke	et:		
Style:			
Vs.			
Court: Docke	et:		
Style:			
Vs.			
Court: Docke	et:		
Style:			
Vs.			
Court: Docke	et:		
Style:			
Vs.			
XV. Signature			
Signature of counsel (or Pro Se Party)	Date		
Printed Name	State Bar No.		
Electronic Signature (Optional)	Name		
XVI. Certificate of Service			
The undersigned counsel certifies that this Docketing Statem	ent has been served on the following lead counsel for all		
parties to the Trial Court's Order or Judgment as follows on:			
Signature of counsel (or Pro Se Party)	Electronic Signature (Optional)		
State Bar No.			
Certificate of Service Requirements (TRAP 9.5(e)): A certificate of must state:	service must be signed by the person who made the service and		
(1) the date and manner of service			
(2) the name and address of each	n person served, and y's attorney, the name of the party represented by the attorney.		
(3) If the person served is a party	y a accorney, the name of the party represented by the accorney.		

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

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