

Appellate Docket Number:

Appellate Case Style:

Vs.

Companion

Case(s):

Amended/Corrected Statement ☐**DOCKETING STATEMENT (Criminal)**

Appellate Court: Select

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

I. Appellant	III. Appellee
Name: Appellant Incarcerated? ☐ Yes ☐ No Bond Amount: ☐ Pro Se <i>If Pro Se Party, enter the following information:</i> Address: City/State/Zip: Tel. Ext. Fax: Email:	Name: Appellee Incarcerated? ☐ Yes ☐ No Bond Amount: ☐ Pro Se <i>If Pro Se Party, enter the following information:</i> Address: City/State/Zip: Tel. Ext. Fax: Email:
II. Appellant Attorney(s)	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:
☐ 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

Type of Judgment:

Select

Date Trial Court imposed or suspended sentence in open court or date Trial Court entered appealable order:

Offense Charged:

Date of Offense:

Defendant's Plea: Select

If guilty, does defendant have the Trial Court's Certificate to Appeal? ☐ Yes ☐ NoWas the Trial by: ☐ Jury ☐ Non-Jury

Date Notice of Appeal filed in Trial Court:

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

Punishment Assessed:

Is the Appeal from the pre-trial order? ☐ 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 in Arrest of Judgment: ☐ Yes ☐ No If yes, date filed:Other: ☐ Yes ☐ No If yes, date filed:

If Other, please specify:

VII. Indigency of Party (Attach file stamped copy of Motion and Affidavit)Motion and Affidavit filed: ☐ Yes ☐ No ☐ N/A If yes, date filed:Date of Hearing: ☐ N/ADate of Order: ☐ N/ARuling on Motion: ☐ Granted ☐ Denied ☐ N/A If granted or denied, date of ruling:

VIII. 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 RecordTrial Court Clerk: ☐ District ☐ CountyWas 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**Reporter's or Recorder's Record**Is there a Reporter's Record? ☐ Yes ☐ NoWas 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 ☐ NoWere 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:

IX. 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.

X. Signature

Signature of counsel (or Pro Se Party)

Date

Printed Name

State Bar No.

/s/ Your Name (Delete if N/A)

Electronic Signature (Optional)

Name

XI. 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:

Signature of counsel (or Pro Se Party)

/s/ Your Name (Delete if N/A)

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:

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:

Print or Print to SAVE AS PDF.