

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 Attorney(s) - Continued
<div style="display: flex; justify-content: space-between;"> Person Organization </div> Name: <div style="text-align: center;">Pro Se</div> <p><i>If Pro Se Party, enter the following information:</i></p> Address: City/State/Zip: Tel. Ext. Fax: Email:	Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
II. Appellant Attorney(s) Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:

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

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

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

<p>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:</p>	<p>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).)</p>
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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 Official	Court Recorder Substitute	Court Reporter Official	Court Recorder Substitute
Name:		Name:	
Address 1:		Address 1:	
Address 2:		Address 2:	
City/State/Zip:		City/State/Zip:	
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 Texas Appellate Court, by Court, Docket, and Style.

Court: Docket:
Style:
Vs.

Court: Docket:
Style:
Vs.

Court: Docket:
Style:
Vs.

Court: Docket:
Style:
Vs.

Court: Docket:
Style:
Vs.

Court: Docket:
Style:
Vs.

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 of 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 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

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:

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: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:	Date Served: Manner Served: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:
Date Served: Manner Served: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: Party:	Date Served: Manner Served: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: 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 for each person served that is not an attorney for a party:

Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: