

Appellate Docket Number: Appellate Case Style: <b style="margin-left: 100px;">Vs.
Companion Case(s):

Amended/Corrected Statement

DOCKETING STATEMENT (Criminal)

Appellate Court:
 (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 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:

V. Perfection of Appeal, Judgment and Sentencing

Nature of Case (Subject Matter or Type of Case):

Type of Judgment:

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:

If guilty, does defendant have the Trial Court's Certificate to Appeal? Yes No

Was 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/A

Date of Order: N/A

Ruling 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 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

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

Court Reporter Official	Court Recorder 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: _____ Docket: _____
Style: _____
Vs. _____

Court: _____ Docket: _____
Style: _____
Vs. _____

Court: _____ Docket: _____
Style: _____
Vs. _____

Court: _____ Docket: _____
Style: _____
Vs. _____

Court: _____ Docket: _____
Style: _____
Vs. _____

Court: _____ Docket: _____
Style: _____
Vs. _____

X. Signature

Signature of counsel (or Pro Se Party) _____ Date _____

Printed Name _____ State Bar No. _____

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) _____ 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:

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:

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Address 2:

City/State/Zip:

Tel. Ext.

Fax:

Email: