

Appellate Docket Number: _____

Appellate Case Style: _____

DOCKETING STATEMENT (CIVIL)

**Tenth Court of Appeals
McLennan County Courthouse
501 Washington Ave., Rm 415
Waco, Texas 76701-1373
(254) 757-5200**

**[to be filed in the court of appeals upon perfection of appeal
under TRAP 32]**

I. Parties (TRAP 32.1(a), (e)):	
Appellant(s): (See note at bottom of page)	Appellee(s): (See note at bottom of page)
Attorney (lead appellate counsel):	Attorney (lead appellate counsel, if known; if not, then trial counsel):
Address (lead counsel):	Address (lead appellate counsel, if known; if not, then trial counsel):
Telephone Number: (include area code)	Telephone Number: (include area code)
Fax Number: (include area code)	Fax Number: (include area code)
Email:	Email:
SBN (lead counsel):	SBN (lead counsel):
If not represented by counsel, provide appellant's/appellee's address, telephone number, and fax number. On Attachment 1, or a separate attachment if needed, list the same information stated above for any additional parties to the trial court's judgment.	

II. Perfection Of Appeal And Jurisdiction (TRAP 32.1(b), (c), (g), (j)):

<p>Date order or judgment signed:</p> <p>(Attach a copy showing signature, if possible)</p>	<p>Date notice of appeal filed in trial court:</p> <p>(Attach file-stamped copy; if mailed to the trial court clerk, also give the date of mailing)</p>
<p>What type of judgment? (e.g., jury trial, bench trial, summary judgment, directed verdict, other (specify))</p> <p>If money judgment, what was the amount?</p> <p>Actual damages:</p> <p>Punitive (or similar) damages:</p> <p>Attorneys' fees (trial):</p> <p>Attorneys' fees (appellate):</p> <p>Other (specify):</p>	<p>Interlocutory appeal of appealable order:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please specify statutory or other basis on which interlocutory order is appealable) (<i>See</i> TRAP 28)</p> <p>Accelerated appeal (<i>See</i> TRAP 28):</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please specify statutory or other basis on which appeal is accelerated)</p> <p>Appeal that receives precedence, preference, or priority under statute or rule?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please specify statutory or other basis for such status)</p>

Appeal from final judgment? Yes No Will you challenge this Court's jurisdiction? If yes, explain.

Does judgment dispose of all parties and issues:
Yes No

Does judgment have a Mother Hubbard clause?
(E.g.: "All relief not expressly granted is denied"):
Yes No

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

Other basis for finality?

III. Actions Extending Time To Perfect Appeal (TRAP 32.1(d)):

Action	Filed		Date Filed
	Check as appropriate		
Motion for New Trial	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Motion to Modify Judgment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Request for Findings of Fact and Conclusions of Law	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Motion to Reinstate	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Motion under TRCP 306a	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Other (specify):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

IV. Indigency Of Party (TRAP 32.1(k)): (Attach file-stamped copy of affidavit)

Event	Filed		Date	N/A
	Check as appropriate			
Affidavit filed	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Contest filed	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Date ruling on contest due:				
Ruling on contest: Sustained <input type="checkbox"/> Overruled <input type="checkbox"/>				

V. Bankruptcy (TRAP 8):

Will the appeal be stayed by bankruptcy? _____ Date bankruptcy filed? _____

Name of bankruptcy court: _____ Bankruptcy Case No.: _____

Style of bankruptcy case: _____

VI. Trial Court And Record (TRAP 32.1(c), (h), (i)):			
Court:	County:	Trial Court Docket Number (Cause No.):	
Trial Judge (who tried or disposed of case): Telephone Number: (include area code) Fax Number: (include area code) Address:		District/County Clerk: Telephone Number: (include area code) Fax Number: (include area code) Address:	
Clerk's Record Yes <input type="checkbox"/>	Sworn copy for accelerated appeal Yes <input type="checkbox"/> (See TRAP 28.3)	Will request <input type="checkbox"/> (Note: No request required under TRAP 34.5(a), (b)) Was requested on:	Clerk's fee has been paid or satisfactory arrangements have been made: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain:
All court reporters/records who recorded any portion of the record must be listed:			
Court Reporter/ Recorder:		Court Reporter/Recorder:	
Telephone Number: (include area code)		Telephone Number: (include area code)	
Fax Number: (include area code)		Fax Number: (include area code)	
Address:		Address:	
(Attach additional sheet if necessary for additional court reporters/recorders)			
Length of trial (approximate):		Reporter's fee has been paid or satisfactory arrangements have been made: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain:	
Reporter's or Recorder's Record (check if electronic recording <input type="checkbox"/>)	None <input type="checkbox"/>	Will request <input type="checkbox"/>	Was requested on:

VII. Nature Of The Case (TRAP 32.1(f)) (Subject matter or type of case: E.g., personal injury, breach of contract, workers' compensation, or temporary injunction) (*see* list below):

Administrative/agency _____ Banking _____ Business _____ Condemnation _____ Consumer/DTPA _____ Construction _____ Contract _____ Employment/Labor _____ Family _____ Custody _____ Property Division _____ Termination _____ Other _____ Fraud _____ Insurance _____ Juvenile _____ Landlord/Tenant _____	Malpractice Legal _____ Medical _____ Other _____ Motor Vehicle _____ Municipal _____ Oil & Gas _____ Personal Injury _____ Premises Liability _____ Probate _____ Products Liability _____ Real Property _____ Securities _____ Tax _____ U.C.C./Tex. Bus. & Com. Code _____ Venue _____ Workers' compensation _____ Other (specify): _____
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VIII. Supersedeas Bond (TRAP 32.1(1)):	None <input type="checkbox"/>	Will file <input type="checkbox"/>	Was filed on:
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IX. 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.

X. Alternative Dispute Resolution/Mediation (if applicable) (The Tenth Court of Appeals participates in the ADR process on cases determined to be appropriate for mediation. To assist the Court in making that determination, the Court request the parties provide the following information)). (Use additional sheets, if necessary)

1. Should this appeal be referred to mediation? If not, why not.

2. Has the case been through an ADR procedure in the trial court?
If yes, answer the following:

a. Who was the mediator?

b. What type of ADR procedure?

c. At what stage did the case go through ADR? (Specify pre-trial, trial, post-trial, other)

d. Rate the case for complexity. Use 1 for the least complex and 5 for the most complex. Circle one.

1 2 3 4 5

e. Can the parties agree on an appellate mediator? If yes, give name, address, and telephone and fax numbers (with area codes).

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

3. 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).

XI. Related Matters:

List any pending or past related **appeals or original proceedings** (e.g., mandamus, injunction, habeas corpus) before this or any other Texas appellate court by court, docket number, and style.

XII. Other Information:

Please give any other information helpful to process this appeal (see attachments, if any).

XIII. Signature:

_____ Date: _____
 Signature of counsel (or pro se party) State Bar No.: _____
 Printed Name: _____

XIV. 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 _____, 20____.

Signature

(TRAP 9.5(e) requirements stated below; use additional sheets, if necessary)

Note: 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 that attorney.