

Appellate Docket Number: _____

Appellate Case Style: _____

DOCKETING STATEMENT (CRIMINAL)

**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 32.2(a)):	
Appellant (or Appellee, if State is appealing): (See note at bottom of page)	Co-defendant(s): (See note at bottom of page)
Trial Attorney: Appointed <input type="checkbox"/> Retained <input type="checkbox"/>	Appellate Attorney: Appointed <input type="checkbox"/> Retained <input type="checkbox"/> If appointed, was a hearing on indigency held? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Address:
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, if State is appealing) address, telephone number, and fax number.	

II. Perfection Of Appeal, Judgment And Sentencing (TRAP 25.2, 32.2(b), (d), (f), (g), (h), (i), (j), (k)):

<p>Date trial court imposed or suspended sentence in open court or date trial court entered appealable order:</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>Was a certificate of Defendant's Right of Appeal signed by the trial court?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Attach a file-stamped copy of the certification)</p> <p>Was the Certification of Defendant's Right of Appeal in the record at the time the notice of appeal was filed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the Certification of Defendant's Right of Appeal show a right to appeal?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Offense charged:	Punishment assessed:
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<p>Date of offense:</p> <p>Defendant's plea:</p> <p>If guilty, does Defendant have the trial court's permission to appeal?</p> <p>Was the trial jury or nonjury?</p> <p>Guilt or innocence phase:</p> <p>Jury <input type="checkbox"/> Nonjury <input type="checkbox"/></p> <p>Punishment phase:</p> <p>Jury <input type="checkbox"/> Nonjury <input type="checkbox"/></p>	<p>Is the appeal from a pretrial order?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify:</p> <p>Does the appeal involve the validity of a statute, rule or ordinance?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify:</p> <p>Will you challenge this Court's jurisdiction? If yes, explain.</p>
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III. Actions Extending Time To Perfect Appeal (TRAP 32.2(e)):				
Action	Filed Check as appropriate		Date Filed	
Motion for New Trial	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Motion in Arrest of Judgment	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Other (specify):	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
IV. Indigency Of Party (TRAP 32.2(n)): (Attach file-stamped copy of motion and affidavit)				
Event	Filed Check as appropriate		Date	N/A
Motion and affidavit filed	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Date of hearing:	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Date of order:				
Ruling on motion: Granted <input type="checkbox"/> Denied <input type="checkbox"/>				

V. Trial Court And Record (TRAP 32.2(c), (l), (m)):		
Court:	County:	Trial Court Docket Number (Cause No.):
Trial Judge (who tried or disposed of case):		District/County Clerk:
Telephone Number: (include area code)		Telephone Number: (include area code)
Fax Number: (include area code)		Fax Number: (include area code)
Address:		Address:

Clerk's Record Yes <input type="checkbox"/>	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:
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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:
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VI. Related Matters:
List any pending or past related appeals before this or any other Texas appellate court by court, docket number, and style.

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

VIII. Signature:

Signature of counsel
(or pro se party)

Date: _____
State Bar No.: _____

Printed Name: _____

IX. 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.