

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

Amended/Corrected Statement

**DOCKETING STATEMENT (Criminal)**

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

<b>I. Appellant</b>	<b>III. Appellee</b>
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:
<b>II. Appellant Attorney(s)</b>	<b>IV. Appellee Attorney(s)</b>
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  
OfficialCourt Recorder  
Substitute

Name:

Address 1:

Address 2:

City/State/Zip:

Tel.

Ext.

Fax:

Email:

Court Reporter  
OfficialCourt 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:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext.

Fax:

Email: