

<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 (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;"> <span>Person</span> <span>Organization</span> </div> Name: <div style="text-align: center; margin-top: 10px;">Pro Se</div> <p><i><b>If Pro Se Party, enter the following information:</b></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:	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>
<p><b>IV. Appellee Attorney(s)</b></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>	<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>



**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, you must also complete and file the Challenge to Constitutionality of  
a State Statute form.*    If yes, date filed:                      Yes      No

Was there any hearing on appellant’s ability to afford court costs?  
    Hearing Date:                      Yes      No

Did trial court sign an order under Texas Rule of Civil Procedure 145?  
    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**

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:	<b>Clerk’s Record</b> 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 <b>(Note: No request required under TRAP 34.5(a),(b).)</b>
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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. Signature**

Signature of counsel (or Pro Se Party) \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

State Bar No. \_\_\_\_\_

Electronic Signature (Optional) \_\_\_\_\_

Name \_\_\_\_\_

**XVI. 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: