

<b>Appellate Docket Number:</b> <b>Appellate Case Style:</b> <b style="padding-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; padding: 5px 0;">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:

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>
IV. Appellee Attorney(s)	
<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:

**XII. Alternative Dispute Resolution/Mediation**

**(Complete section if filing in the 1<sup>st</sup>, 2<sup>nd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 13<sup>th</sup>, or 14<sup>th</sup> Court of Appeals.)**

Should this appeal be referred to mediation?    Yes    No

If no, please specify:

Has this case been through an ADR procedure?    Yes    No

If yes, who was the mediator?

What type of ADR procedure?

At what stage did the case go through ADR?    Pre-Trial    Post-Trial    Other

If other, please specify:

Type of Case?

Give a brief description of the issue to be raised on appeal, the relief sought, and the applicable standard for review, if known (without prejudice to the right to raise additional issues or request additional relief):

How was the case disposed of?

Summary of relief granted, including amount of money judgment, and if any, damages awarded.

If money judgment, what was the amount? Actual damages:

Punitive (or similar) damages:

Attorney's fees (trial):

Attorney's fees (appellate):

Other:

If other, please specify:

Will you challenge this Court's jurisdiction?    Yes    No

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

Does judgment have a Mother Hubbard clause?    Yes    No

Other basis for finality:



**XIV. Pro Bono Program:**

**(Complete section if filing in the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 13<sup>th</sup> or 14<sup>th</sup> Court of Appeals.)**

The Courts of Appeals listed above, in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee and local Bar Associations, are conducting a program to place a limited number of civil appeals with appellate counsel who will represent the appellant in the appeal before this Court.

The Pro Bono Committee is solely responsible for screening and selecting the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant or appellee. If a case is selected by the Committee, and can be matched with appellate counsel, that counsel will take over representation of the appellant or appellee without charging legal fees. More information regarding this program can be found in the Pro Bono Program Pamphlet available in paper form at the Clerk's Office or on the Internet at <http://www.tex-app.org>. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

Note: there is no guarantee that if you submit your case for possible inclusion in the Pro Bono Program, the Pro Bono Committee will select your case and that pro bono counsel can be found to represent you. Accordingly, you should not forego seeking other counsel to represent you in this proceeding. By signing your name below, you are authorizing the Pro Bono committee to transmit publicly available facts and information about your case, including parties and background, through selected Internet sites and Listserv to its pool of volunteer appellate attorneys.

Do you want this case to be considered for inclusion in the Pro Bono Program?    Yes    No

Do you authorize the Pro Bono Committee to contact your trial counsel of record in this matter to answer questions the committee may have regarding the appeal?    Yes    No

Please note that any such conversations would be maintained as confidential by the Pro Bono Committee and the information used solely for the purposes of considering the case for inclusion in the Pro Bono Program.

If you have not previously filed a Statement of Inability to Pay Court Costs and attached a file-stamped copy of that Statement, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines?    Yes    No

These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at <http://aspe.hhs.gov/poverty/06poverty.shtml>.

Are you willing to disclose your financial circumstances to the Pro Bono Committee?    Yes    No

If yes, please attach a Statement of Inability to Pay Court Costs completed and executed by the appellant or appellee. Sample forms may be found in the Clerk's Office or on the internet at <http://www.tex-app.org>. Your participation in the Pro Bono Program may be conditioned upon your execution of a Statement under oath as to your financial circumstances.

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).

**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: