

**TRIAL COURT OFFICIAL'S
REQUEST FOR EXTENSION OF TIME TO FILE RECORD**

Court of Appeals No. (If known): 12 - - -

Trial Court Style:

Trial Court & County: _____ Trial Court No.:

Date Trial Clerk's Record Originally Due:

Date Court Reporter's/Recorder's Record Originally Due:

Anticipated Number of Pages of Record:

I am responsible for preparing a record in this appeal but I am unable to file the record by the original due date for the following reason/s: (Check all that apply - attach additional pages if necessary.)

to the best of my knowledge, the Appellant has made no claim of indigence and has failed to either the required fee or to make arrangements to pay the fee for preparing the record.

my duties listed below preclude working on this record:

Other. (Explain.):

I anticipate this record will be completed and forwarded to the 12th Court of Appeals by _____, and I **hereby request an additional _____ days** within which to prepare it. TEX. R. APP. P. 37.3.

In compliance with TEX. R. APP. P. 9.5(e), I certify that a copy of this notice has been served on counsel for all parties to the trial Court's judgment or order being appealed. I further certify by my signature below that the information contained in this notice is true and within my personal knowledge.

Date

Signature

Office Phone Number

Printed Name

E-mail Address (if available)

Official Title

Trial Clerk's/Court Reporter's Request for Ext/12th CA-CsL/Tyler/12-3-97/Rev.5-3-2001
TEXAS RULE OF APPELLATE PROCEDURE 9.5(e) reads:

Certificate requirements. 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 addresses of each person served; and
- (3) if the person served is a party's attorney, the name of the party represented by that attorney.

The following parties have been served with a copy of this document:
(Information may be either printed or typed.)

Lead Counsel for **APPELLANT(S)**:

Lead Counsel for **APPELLEE(S)**:

Name: _____

Name:

Address: _____

Address:

Phone no.: _____

Phone no.:

Attorney for: _____

Attorney for:

Lead Counsel for **APPELLANT(S)**:

Lead Counsel for **APPELLEE(S)**:

Name: _____

Name:

Address: _____

Address:

Phone no.: _____

Phone no.:

Attorney for: _____

Attorney for:

Additional

information,

if

any:

