

**Appellate Docket Number:** \_\_\_\_\_  
**Appellate Case Style:** \_\_\_\_\_

**DOCKETING STATEMENT (CIVIL- APPELLANT)**  
**Thirteenth Court of Appeals**  
**[to be filed in the court of appeals upon perfection of appeal**  
**under TRAP 32]**

<b>I. Parties (TRAP 32.1(a), (e)):</b>	
Appellant(s):        <i>(See note at bottom of page)</i>	Appellee(s):        <i>(See note at bottom of page)</i>
Attorney (lead appellate counsel):     	Attorney (lead appellate counsel, if known; if not, then trial counsel):     
Address (lead counsel):       <b>Please note: Notification from the Clerk's office can be made by either postal mail or electronic mail. Please indicate your preference below:</b>  <b>Postal Mail Preference</b> _____ <b>Electronic Mail Preference</b> _____  <b>Email Address:</b> _____	Address (lead appellate counsel, if known; if not, then trial counsel):       
Telephone: (include area code)	Telephone: (include area code)
Telecopy: (include area code)	Telecopy: (include area code)
SBN (lead counsel):	SBN (lead counsel):
If not represented by counsel, provide appellant's/appellee's address, telephone number, and telecopy number. On Attachment 1, or a separate attachment if needed, list the same information stated above for any additional parties to the trial court's judgment.	
<b>II. Perfection Of Appeal And Jurisdiction (TRAP 32.1(b), (c), (g), (j)):</b>	

<p>Date order or judgment signed:</p> <p>(Attach a signed copy, 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>What type of judgment? (e.g., jury trial, bench trial, summary judgment, directed verdict, other (specify))</p> <p>If money judgment, what was the amount?</p> <p>Actual damages:</p> <p>Punitive (or similar) damages:</p> <p>Attorneys' fees (trial):</p> <p>Attorneys' fees (appellate):</p> <p>Other (specify):</p>	<p>Interlocutory appeal of appealable order: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please specify statutory or other basis on which interlocutory order is appealable) (<i>See</i> TRAP 28)</p> <p>Accelerated appeal (<i>See</i> TRAP 28): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please specify statutory or other basis on which appeal is accelerated)</p> <p>Appeal that receives precedence, preference, or priority under statute or rule? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please specify statutory or other basis for such status)</p>

Appeal from final judgment? Yes  No  Will you challenge this Court's jurisdiction? If yes, explain.

Does judgment dispose of all parties and issues:  
Yes  No

Does judgment have a Mother Hubbard clause?  
(E.g.: "All relief not expressly granted is denied"):  
Yes  No

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

Other basis for finality?

**III. Actions Extending Time To Perfect Appeal (TRAP 32.1(d)):**

Action	Filed Check as appropriate		Date Filed
Motion for New Trial	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Motion to Modify Judgment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Request for Findings of Fact and Conclusions of Law	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Motion to Reinstate	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Motion under TRCP 306a	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Other (specify):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

**IV. Indigency Of Party (TRAP 32.1(k)): (Attach file-stamped copy of affidavit)**

Event	Filed Check as appropriate		Date	N/A
Affidavit filed	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Contest filed	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Date ruling on contest due:				
Ruling on contest: Sustained <input type="checkbox"/> Overruled <input type="checkbox"/>				

**V. Bankruptcy (TRAP 8):**

Will the appeal be stayed by bankruptcy? Date bankruptcy filed?

Name of bankruptcy court: Bankruptcy Case No.:

Style of bankruptcy case:

<b>VI. Trial Court And Record (TRAP 32.1(c), (h), (i)):</b>			
Court:	County:	Trial Court Docket Number (Cause No.):	
Trial Judge (who tried or disposed of case):  Telephone Number: (include area code)  Telecopy Number: (include area code) Address:		Court Clerk (district clerk):  Telephone Number: (include area code)  Telecopy Number: (include area code) Address:	
Clerk's Record  Yes <input type="checkbox"/>	Sworn copy for accelerated appeal  Yes <input type="checkbox"/>  (See TRAP 28.3)	Will request <input type="checkbox"/>  (Note: No request required under TRAP 34.5(a), (b))	Was requested on:
Court Reporter or Court Recorder:  Telephone Number: (include area code)  Telecopy Number: (include area code) Address:		Court Reporter or Court Recorder:  Telephone Number: (include area code)  Telecopy Number: (include area code) Address:	
(Attach additional sheet if necessary for additional court reporters/recorders)			
Length of trial (approximate):		State arrangements made for payment of court reporter/recorder:	
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:

<b>VII. Nature Of The Case (TRAP 32.1(f))</b> (Subject matter or type of case: E.g., personal injury, breach of contract, workers' compensation, or temporary injunction) ( <i>see</i> list below):			
Administrative/agency _____  Banking _____  Business _____  Condemnation _____  Consumer/DTPA _____  Construction _____  Contract _____  Employment/Labor _____  Family _____ Custody _____ Property Division _____ Termination _____ Other _____  Fraud _____  Insurance _____  Juvenile _____  Landlord/Tenant _____	Malpractice Legal _____ Medical _____ Other _____  Motor Vehicle _____  Municipal _____  Oil & Gas _____  Personal Injury _____  Premises Liability _____  Probate _____  Products Liability _____  Real Property _____  Securities _____  Tax _____  U.C.C./Tex. Bus. & Com. Code _____  Venue _____  Workers' compensation _____  Other (specify): _____		
<b>VIII. Supersedeas Bond (TRAP 32.1(1)):</b>	None <input type="checkbox"/>	Will file <input type="checkbox"/>	Was filed on:
<b>IX. Extraordinary Relief:</b> Will you request extraordinary relief (e.g., temporary or ancillary relief) from this Court? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly state the basis for your request.			

**X. Related Matters:** List any pending or past related **appeals or original proceedings** (e.g., mandamus, injunction, habeas corpus) before this or any other Texas appellate court by court, docket number, and style.

**XI.** Any other information requested by the court (see attachments, if any).

**XII. Signature:**

-----  
Signature of counsel  
(or pro se party)

Date: -----  
State Bar No.: -----

Printed Name: -----

**XIII. 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

(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.

**Please send the following information to the Court of Appeals only.**

**Appellate Docket Number:** \_\_\_\_\_

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**XIV. Alternative Dispute Resolution/Mediation:**

1. Should this appeal be referred to mediation? If not, why not.
  
2. Has the case been through an ADR procedure in the trial court?  
If yes, answer the following:
  - a. Who was the mediator?
  
  - b. What type of ADR procedure?
  
  - c. At what stage did the case go through ADR? (Specify pre-trial, trial, post-trial, other)
  
  - d. Rate the case for complexity. Use 1 for the least complex and 5 for the most complex. Circle one.  

1      2      3      4      5
  
  - e. Can the parties agree on an appellate mediator? If yes, give name, address, and telephone and telecopy numbers (with area codes).
  
  - f. Languages other than English in which the mediator should be proficient:
  
3. 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).
  
4. Please make my answer to the preceding questions known to other parties in this case. Yes  No

Signature: \_\_\_\_\_ State Bar No. \_\_\_\_\_