

Appellate Docket No.: _____
Appellate Case Style: _____

**FIFTH DISTRICT COURT OF APPEALS
CIVIL APPEAL - DOCKETING STATEMENT**

**NOTE: FAILURE TO FILE DOCKETING STATEMENT AS REQUIRED BY
TRAP 32.1 MAY RESULT IN DISMISSAL OF THE APPEAL. SEE TRAP 42.3(c).**

Oral argument will not be allowed in this case unless the Court determines argument will significantly aid the Court in determining the legal and factual issues presented in the appeal. A request for oral argument must be noted on the front cover of the brief as "ORAL ARGUMENT REQUESTED." The first page inside the front cover must contain a brief description of why the party filing the brief believes argument will significantly aid the Court in determining the appeal. The description must be in the same format as the remainder of the brief and no longer than one page. *See* TRAP 39.7 and 39.8. **THE COURT'S DECISION TO ALLOW ORAL ARGUMENT WILL BE INCLUDED IN THE NOTICE OF SUBMISSION LETTER.**

PARTIES (TRAP 32.1(a),(e)):

Appellant(s):

Appellee(s):

Attorney (Lead Counsel):

Attorney (Lead Counsel):

Address (Lead Counsel):

Address (Lead Counsel):

Telephone:

Telephone:

Fax:

Fax:

Email:

Email:

SBN (Lead Counsel):

SBN (Lead Counsel):

If not represented by counsel, provide appellant's/appellee's address, telephone number, fax number and email address. On an attachment, list the same information for any additional parties to the trial court's judgment.

PERFECTION OF APPEAL (TRAP 32.1(b),(c),(g),(j)):		
Date Order or Judgment Signed:	Date Notice of Appeal Filed: If Mailed, Give Date: (Attach File-Stamped Copy of Notice)	
Appeal From Final Judgment? (Disposes of All Parties & Issues): Yes: [] No: []	Interlocutory Appeal of Appealable Order? Yes: [] No: []	
Restricted Appeal Under TRAP 30? Yes: [] No: []		
	Check as Appropriate	Furnish Information as Appropriate
Accelerated Appeal (Under TRAP 28, or Other Rule or Statute, or Appeal Given Precedence or Priority)	Yes: [] No: []	Reason for Acceleration:
Temporary or Ancillary Relief	None: [] Will Request: []	Basis for Request:
NATURE OF THE CASE (TRAP 32.1(f)):		
Describe Subject Matter (i.e., Personal Injury, Breach of Contract, Temporary Injunction)		
Posture of Parties at Trial: Appellant(s): _____ Appellee(s): _____		
TRIAL COURT AND RECORD (TRAP 32.1(c),(h),(i)):		
Court:	County:	T.Ct. Cause No.:
Trial Judge (Who Tried or Disposed of Case): Telephone: Fax: Address:	Court Clerk (District or County Clerk): Telephone: Fax: Address:	
Clerk's Record	Fee Paid: Yes:[] No:[] Arrangements Made to Pay Fee: Yes:[] No:[]	
Court Reporter(s) or Court Recorder(s): Telephone Number(s): Fax Number(s): Address(es):		

Reporter's/Recorder's Record (Check if Electronic Recording <input type="checkbox"/>)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date Requested:	Fee Paid: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Arrangements Made to Pay Fee: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SUPERSEDEAS BOND (TRAP 32.1(l)):		
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Date Filed:	Amount:
Actions Extending Timetable (TRAP 32.1(d)):		
Action	Filed Check as Appropriate	Date
Motion for New Trial	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Motion to Modify Judgment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Request for Findings of Fact & Conclusions of Law	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Motion to Reinstate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Other (Specify)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
INDIGENCY OF PARTY (TRAP 32.1(k)):		
Event	Check as Appropriate	Date
Affidavit Filed	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Contest Filed	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Date Ruling on Contest Due		
Ruling on Contest: Sustained: <input type="checkbox"/> Overruled: <input type="checkbox"/>		
Attach File-Stamped Copy of Affidavit.		
OTHER INFORMATION (TRAP 32.1(m)):		
Is there a question about this Court's jurisdiction to decide on this appeal? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If so, explain:		
List any other pending or past related appeals or original proceedings before this or any other Texas appellate court by Court, Docket Number, and Style:		

Alternative Dispute Resolution/Mediation
Was the case mediated in the trial court? If so, please provide the mediator's name, address, telephone number, and fax number.
Has the case been mediated since entry of the final judgment? If so, please provide the mediator's name, address, telephone number, and fax number.
Can the parties agree on an appellate mediator? If so, please provide the mediator's name, address, telephone number, and fax number.
If you believe this case is not appropriate for mediation, give specifics why not.
How was the case disposed of? (Summary Judgment, Trial, Dismissal, etc.)
Summary of relief granted, including amount of money judgment, if any, and type of damages awarded.
Give brief description of issues to be raised on appeal.

NOTE: If inadequate space has been provided for the information requested, please provide the additional information on an attachment.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

Lead Counsel/Pro Se Party

Date

Representing: _____

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Docketing Statement was served this ____ day of _____, 19 __, on all parties/attorneys of record listed below (provide name and address of each person served and if person served is party's attorney, list name of party attorney represents) by: (circle one) personal service, mail, commercial delivery service, fax. *See* TRAP 9.5(b).

Lead Counsel/Pro Se Party

Rev. 01/26/2000