

**DOCKETING STATEMENT FOR A CIVIL APPEAL**

*This docketing statement must be filed by all appellants with the Clerk of the Fourth Court of Appeals, 300 Dolorosa, Suite 3200, San Antonio, TX 78205, upon perfecting appeal. See TEX. R. APP. P. 32.1.*

**Appeal No.** \_\_\_\_\_ (To be assigned by the Clerk of the Fourth Court of Appeals.)

**Case Style Below** \_\_\_\_\_  
v. \_\_\_\_\_

**Trial Court No.** \_\_\_\_\_ **Court No. & County** \_\_\_\_\_

**APPELLANT(S)**

Name of appellant(s)\* \_\_\_\_\_

Name of lead counsel (if represented) \_\_\_\_\_

Law firm (if attorney) \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ SBN \_\_\_\_\_

Posture in trial court (plaintiff/defendant/third-party, etc.) \_\_\_\_\_

Are any related cases or cases raising related issues pending in this court or the trial court, i.e., co-defendant or same issue involving another defendant?  YES  NO

If yes, cite the case and the manner in which it is related on a separate page. If abeyance, consolidation, or joint oral argument is warranted, counsel must file a separate motion seeking such relief.

**NOTICE OF APPEAL AND CLERK'S RECORD**

Date filed in the trial court \_\_\_\_\_ Date mailed to the trial court clerk, if applicable \_\_\_\_\_

Date clerk's record requested \_\_\_\_\_

**TRIAL COURT**

Name of judge who tried the case and signed the judgment or appealable order \_\_\_\_\_

Proceeding appealed:

- JURY TRIAL                       BENCH TRIAL                       SUMMARY JUDGMENT
- DIRECTED VERDICT               DISMISSAL ORDER               DEFAULT JUDGMENT
- JNOV                                   INTERLOCUTORY (explain) \_\_\_\_\_
- OTHER (explain) \_\_\_\_\_

Date judgment or appealable order signed \_\_\_\_\_ **(Attach copy of judgment or appealable order.)**

Filing date of MNT, Motion to Modify, Request for FF/CL, Motion to Reinstate, or other filing that affects time for perfecting appeal \_\_\_\_\_

**OTHER PARTIES**

Provide the following information as to every other party to the judgment/appealable order:

Party names(s)\* \_\_\_\_\_

Lead counsel (if represented) \_\_\_\_\_

Law Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ SBN \_\_\_\_\_

Posture in trial court \_\_\_\_\_

\*For multiple parties, use additional paper as necessary.

Or check  if appellant diligently inquired but could not discover the information.

### GENERAL NATURE OF THE CASE

Cause(s) of action: \_\_\_\_\_  
Relief sought below: \_\_\_\_\_  
Amount of judgment: \_\_\_\_\_

### TYPE OF APPEAL

REGULAR                       RESTRICTED                       ORIGINAL PROCEEDING

Under what authority would this case be given priority or accelerated? \_\_\_\_\_  
Under what statute is appellate jurisdiction invoked? \_\_\_\_\_

### REPORTER'S RECORD

Date requested: \_\_\_\_\_ Electronically recorded?  YES                       NO  
Dates of trial or hearing(s): \_\_\_\_\_ Was a court reporter present?  YES                       NO  
Will there be an agreed record or an agreed statement of the case?  YES                       NO  
Court reporter's name: \_\_\_\_\_  
a.  OFFICIAL or  SUBSTITUTE  
b. Address and phone no.: \_\_\_\_\_  
c. If substitute, name of official court reporter for trial court: \_\_\_\_\_

### TEMPORARY RELIEF

Is temporary relief sought during the course of the appeal?  YES                       NO  
Type of relief: \_\_\_\_\_

### PAYMENT OR AFFIDAVIT OF INDIGENCE

If not indigent, have payment arrangements been made for record?  YES                       NO  
Date filed: \_\_\_\_\_ Date contest filed, if any: \_\_\_\_\_  
Date of order on contest, if any: \_\_\_\_\_ Ruling:  SUSTAINED                       OVERRULED                       NO RULING

### SUPERSEDEAS BOND

Date filed, if any: \_\_\_\_\_ Amount: \_\_\_\_\_

### BANKRUPTCY

If any party to the court's judgment filed for protection in bankruptcy which might affect this appeal, attach a copy of the petition.

### ALTERNATIVE DISPUTE RESOLUTION

Complete and file an Alternative Dispute Resolution Addendum to Civil Docketing Statement within 14 days.

### CERTIFICATE OF SERVICE

As attorney of record (or appellant pro se), I hereby certify that a copy of this docket sheet has been served by first class mail or by fax, prior to filing, to all other parties to the judgment or order being appealed.

Date \_\_\_\_\_ Attorney of Record (signature) \_\_\_\_\_