

II. Perfection Of Appeal And Jurisdiction (TRAP 32.1(b), (c), (g), (j)):	
<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
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
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
	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
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: _____

VI. Trial Court And Record (TRAP 32.1(c), (h), (i)):			
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:

VII. Nature Of The Case (TRAP 32.1(f)) (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): _____		
VIII. Supersedeas Bond (TRAP 32.1(1)):	None <input type="checkbox"/>	Will file <input type="checkbox"/>	Was filed on:
IX. Extraordinary Relief: 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. Pro Bono Pilot Program: The Third Court of Appeals, in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee, is conducting a Pro Bono Pilot 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 will screen and select the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant. If a case is selected by the Committee and can be matched with appellate counsel, that counsel will take over the representation of the appellant without charging legal fees. More information regarding this program can be found in the *Third Court of Appeals Pro Bono Pilot 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 we match your case with one of our volunteer lawyers, you will receive a letter from the Committee within thirty (30) to forty-five (45) days of submitting this Docketing Statement. **NOTE: There is no guarantee that, if you submit this case for possible inclusion in the Pro Bono Pilot 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 a Listserv to its pool of volunteer appellate attorneys.**

1. Do you want this case to be considered for inclusion in the Pro Bono Pilot Program?

Yes No

If you answered "Yes" to Question X.1, then please answer the following questions.

2. 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? 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 Pilot Program.

Yes No

3. If you have not previously filed an affidavit of indigency and attached a file-stamped copy of that affidavit, does your income exceed 175% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? These guidelines can be found in the *Third Court of Appeals Pro Bono Pilot Program Pamphlet* as well as on the Internet at <http://aspe.hhs.gov/poverty/06poverty.shtml>.

Yes No

4. Are you willing to disclose your financial circumstances to the Pro Bono Committee? If so, please attach an Affidavit of Indigency completed and executed by the appellant. 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 Pilot Program may be conditioned upon your execution of an affidavit under oath as to your financial circumstances.

Yes No

5. 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).

XI. 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.

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

XIII. Signature:

Signature of counsel
(or pro se party)

Date: _____

State Bar No.: _____

Printed Name: _____

XIV. 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 _____, 19____.

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.