CAUSE NO. [\_\_\_\_\_\_\_\_\_\_\_\_]

|  |  |  |
| --- | --- | --- |
| [NAME],  Plaintiff,  v.  [NAME],  Defendant. | §  §  §  §  §  §  §  §  §  § | IN THE DISTRICT COURT OF  [\_\_\_\_\_\_\_\_\_\_\_\_] COUNTY, TEXAS  [\_\_\_\_\_] JUDICIAL DISTRICT |

[NAME OF APPEALING PARTY]’S NOTICE OF APPEAL

[Plaintiff/Defendant] [Appealing Party] states [his/her/its] intent to appeal the Final Judgment signed on [Date], as well as any other rulings subsumed therein, in [Full Cause Caption], No. [\_\_\_\_\_\_\_\_\_], in the [\_\_\_\_] Judicial District Court, [\_\_\_\_\_\_] County, Texas. Pursuant to Texas Rule of Appellate Procedure 25.1, [Plaintiff/Defendant] [Appealing Party] appeals to the Court of Appeals for the [First or Fourteenth, Second, Third, etc.] District of Texas sitting in [City].

[No related appeal or original proceeding has been previously filed in either the First or the Fourteenth Court of Appeals.]

*or*

A related appeal or original proceeding has been previously filed in the [*First/Fourteenth*] Court of Appeals, [*Court of Appeals Case Number, Case Caption*], being appealed from [*Trial Court Cause Number, Full Cause Caption*.]

Respectfully submitted,

*/s/ [Counsel’s Name]*

[Counsel’s Name]

Texas Bar No. [########]

[Email address]

**[Firm Name]**

[Street Address]

[City, State Zip Code]

Telephone: [(###)###-####]

Fax: [(###)###-####]

**Attorneys for** [**Plaintiff/Defendant**]

**[Party Name]**

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing instrument was forwarded to all counsel of record shown below by electronic filing in accordance with the Texas Rules of Civil Procedure on [Date].

[Counsel’s Name]

**[Firm Name]**

[Street Address]

[City, State Zip Code]

[Email address]

***Counsel for*** [***Plaintiff/Defendant***]

***[Party Name]***

[Court Reporter’s Name]

[Street Address]

[City, State Zip Code]

[Email address]

***Court Reporter Responsible for Preparing the Reporter’s Record***

*/s/ [Counsel’s Name]*

[Counsel’s Name]