

Docketing Statement (Civil)

Seventh Court of Appeals

P.O. Box 9540 Amarillo, Texas 79105-9540

[to be filed in the court of appeals on perfection of appeal]

Notice of Appeal was filed with the trial court clerk on:			The notice was mailed on:		
Appellant(s):			Appellee(s):		
<input type="checkbox"/> Additional parties listed on attached sheets.					
Attorney (lead counsel):			Attorney (lead counsel):		
Address (lead counsel or party if pro se):			Address (lead counsel or party if pro se):		
City:	State:	ZIP:	City:	State:	ZIP:
Telephone: ()			Telephone: ()		
Fax: ()			Fax: ()		
SBN:			SBN:		

Nature of the case (e.g. personal injury, breach of contract or temporary injunction):					
Is this an accelerated appeal? <input type="checkbox"/> NO <input type="checkbox"/> YES			Reason for Acceleration:		
Court:	County:		Trial court docket number:		
Judge:			Court Reporter:		
Trial judge address:			Court reporter address:		
City:	State: TX	ZIP:	City:	State: TX	ZIP:
Date of order or judgment:			Court clerk:		
Does the judgment or order dispose of all parties and issues? <input type="checkbox"/> NO <input type="checkbox"/> YES			Clerk's address:		
If no, cite authority for interlocutory appeal:					
			City:	State: TX	ZIP:

Actions Extending Timetable			Indigency of Party		
Action	Filed	Date	Event	Filed	Date
Motion for New Trial	<input type="checkbox"/>		Affidavit of Indigency Filed	<input type="checkbox"/>	
Motion to Modify Judgment	<input type="checkbox"/>		Contest Filed	<input type="checkbox"/>	
Request for Findings of Fact and Conclusions of Law	<input type="checkbox"/>		Ruling on contest: <input type="checkbox"/> Sustained <input type="checkbox"/> Overruled		
Motion to Reinstate	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				

Reporter's Record (check if electronic recording)	<input type="checkbox"/> None	<input type="checkbox"/> Will request	Was requested on:
Supersedeas Bond	<input type="checkbox"/> None	<input type="checkbox"/> Will File	Was Filed on:
Temporary or ancillary relief requested:	<input type="checkbox"/> None	<input type="checkbox"/> Will request	Basis for Request:

List any **consolidated or companion** cases that are pending, or will be filed in this court:

List any **other** pending or previous related appeals before this or any other Texas appellate court by court, docket number, and title:

Submitted by: _____ on: ____/____/____

Party	Attorney's name, address, telephone, and fax numbers		
	City:	State:	ZIP:
	Tel: ()	Fax: ()	
	City:	State:	ZIP:
	Tel: ()	Fax: ()	
	City:	State:	ZIP:
	Tel: ()	Fax: ()	
	City:	State:	ZIP:
	Tel: ()	Fax: ()	
	City:	State:	ZIP:
	Tel: ()	Fax: ()	