

Appellate Docket Number: \_\_\_\_\_

Appellate Case Style:

\*\*\*For Civil Appeals, see Section X for information about the Pro Bono Program sponsored and administered by the Pro Bono Committees of the Appellate Practice Sections of the State Bar of Texas and the Houston Bar Association.

DOCKETING STATEMENT (CIVIL)

Fourteenth Court of Appeals

[to be filed in the court of appeals upon perfection of appeal under TRAP 32]

I. Parties (TRAP 32.1(a), (e)):

Appellant(s):

Appellee(s):

(*See* note at bottom of page)

(*See* note at bottom of page)

Attorney (lead appellate counsel):

Attorney (lead appellate counsel, if known; if not, then trial counsel):

Address (lead counsel):

Address (lead appellate counsel, if known; if not, then trial counsel):

Telephone:  
(include area code)

Telephone:  
(include area code)

Telecopy:  
(include area code)

Telecopy:  
(include area code)

SBN (lead counsel):

SBN (lead counsel):

If not represented by counsel, provide appellant's/appellee's address, telephone number, and telecopy number. On Attachment 1, or a separate attachment if needed, list the same information stated above for any additional parties to the trial court's judgment.

II. Perfection Of Appeal And Jurisdiction (TRAP 32.1(b), (c), (g), (j)):

Date order or judgment signed: (Attach a signed copy, if possible)	Date notice of appeal filed in trial court: (Attach file-stamped copy; if mailed to the trial court clerk, also give the date of mailing)
What type of judgment? (e.g., jury trial, bench trial, summary judgment, directed verdict, other (specify))  If money judgment, what was the amount?  Actual damages:  Punitive (or similar) damages:  Attorneys' fees (trial):  Attorneys' fees (appellate):  Other (specify):	Interlocutory appeal of appealable order:  Yes <input type="checkbox"/> No <input type="checkbox"/>  (Please specify statutory or other basis on which interlocutory order is appealable) ( <i>See</i> TRAP 28)  Accelerated appeal ( <i>See</i> TRAP 28):  Yes <input type="checkbox"/> No <input type="checkbox"/>  (Please specify statutory or other basis on which appeal is accelerated)  Appeal that receives precedence, preference, or priority under statute or rule?  Yes <input type="checkbox"/> No <input type="checkbox"/> (Please specify statutory or other basis for such status)

III. Actions Extending Time To Perfect Appeal (TRAP 32.1(d)):

Action	Filed Check as appropriate		Date Filed
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
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.):
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Trial Judge (who tried or disposed of case):  Telephone Number: (include area code)  :	Court Clerk (district clerk):  Telephone Number: (include area code)  :
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Address:		Address:	
Clerk's Record Yes <input type="checkbox"/>	Sworn copy for accelerated appeal Yes <input type="checkbox"/> ( <i>See</i> 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:
<b>VII. Nature Of The Case (TRAP 32.1(f))</b>			
(Subject matter or type of case: <i>E.g.</i> , personal injury, breach of contract, workers' compensation, condemnation, DTPA, employment/labor, family code, juvenile, malpractice, probate, UCC, tax, oil & gas, real property or temporary injunction):			

VIII. Supersedeas Bond (TRAP 32.1(1)):	None <input type="checkbox"/>	Will file <input type="checkbox"/>	Was filed on:
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IX. Extraordinary Relief:

Will you request extraordinary relief (e.g., temporary or ancillary relief) from this Court? Yes  No   
 If yes, briefly state the basis for your request.

X. Pro Bono Program:

The Pro Bono Committees of the Appellate Practice Sections of the State Bar of Texas and the Houston Bar Association are participating in a Pro Bono Program to place a limited number of civil appeals with appellate counsel who will represent the appellant/appellee in the appeal before the Fourteenth Court.

The Pro Bono Committee is solely responsible for screening and selecting 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 representation of the appellant without charging legal fees. More information regarding this program can be found in the *Pro Bono Program Pamphlet* available at the State Bar of Texas Appellate Pro Bono website, <http://www.tex-app.org/probono.php>, and the Houston Bar Association Appellate Section website, <http://www.hba.org/folder-sections/sec-appellate.htm>. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

NOTE: There is no guarantee that, if you submit your case for possible inclusion in the Pro Bono 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 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 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 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? These guidelines can be found in the *Pro Bono 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. Sample forms are available at the State Bar of Texas Appellate Pro Bono website, <http://www.tex-app.org/probono.php>, and the Houston Bar Association Appellate Section website, <http://www.hba.org/folder-sections/sec-appellate.htm>. Your participation in the Pro Bono 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. Alternative Dispute Resolution/Mediation (if applicable)

(As of 8/19/97, these programs exist in the 1st (Houston), 3rd (Austin), 4th (San Antonio), 5th (Dallas), 9th (Beaumont), 13th (Corpus Christi), and 14th (Houston)). (Use additional sheets, if necessary).

1. Should this appeal be referred to mediation? Yes  No

If not, why not.

2. Has the case been through an ADR procedure in the trial court? Yes  No

If yes, answer the following:

a. Who was the mediator?

b. What type of ADR procedure?

c. At what stage did the case go through ADR? (Specify pre-trial, trial, post-trial, other)

d. Rate the case for complexity. Use 1 for the least complex and 5 for the most complex. Check one.

1  2  3  4  5

e. Can the parties agree on an appellate mediator? If yes, give name, address, and telephone and teletype numbers (with area codes).

f. Languages other than English in which the mediator should be proficient:

**XII. 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.

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

**XIV. Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of counsel (or pro se party)

State Bar No.: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**XV. 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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.