



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  No

(Please specify statutory or other basis on which interlocutory order is appealable) (*See* TRAP 28)

Accelerated appeal (*See* TRAP 28):

Yes  No

(Please specify statutory or other basis on which appeal is accelerated)

Appeal that receives precedence, preference, or priority under statute or rule?

Yes  No

(Please specify statutory or other basis for such status)

<p>Appeal from final judgment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does judgment dispose of all parties and issues: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does judgment have a Mother Hubbard clause? (E.g.: "All relief not expressly granted is denied"): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does judgment have language that one or more parties "take nothing"? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other basis for finality?</p>	<p>Will you challenge this Court's jurisdiction? If yes, explain.</p>
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**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) **Not Applicable**

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):** **Not Applicable**

Will the appeal be stayed by bankruptcy? \_\_\_\_\_ Date bankruptcy filed? \_\_\_\_\_

Name of bankruptcy court: \_\_\_\_\_ Bankruptcy Case No.: \_\_\_\_\_

Style of bankruptcy case: \_\_\_\_\_

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<b>VI. Trial Court And Record (TRAP 32.1(c), (h), (i)):</b>			
Court:	County:	Trial Court Docket Number (Cause No.):	
Trial Judge (who tried or disposed of case):		Court Clerk (district clerk):	
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:		Court Reporter or Court Recorder:	
Telephone Number: (include area code)		Telephone Number: (include area code)	
Telecopy Number: (include area code)		Telecopy Number: (include area code)	
Address:		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: E.g., personal injury, breach of contract, workers' compensation, or temporary injunction):			
<b>VIII. Supersedeas Bond (TRAP 32.1(1)):</b>	None <input type="checkbox"/>	Will file <input type="checkbox"/>	Was filed on:
<b>IX. Extraordinary Relief:</b> 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.			
<b>X. Related Matters:</b> 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.			
<b>XI. Any other information requested by the court (see attachments, if any).</b>			
<b>XII. Signature:</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Signature of counsel (or pro se party)</p> <p>Printed Name: _____</p> </div> <div style="width: 35%;"> <p>Date: _____</p> <p>State Bar No.: _____</p> </div> </div>			
<b>XIII. Certificate of Service:</b> 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.