

# DOCKETING STATEMENT FOR THE TWELFTH COURT OF APPEALS

<b>APPELLATE DOCKET #:</b> 12- _____	
<b>CASE STYLE:</b> _____ <div style="text-align: center; margin: 5px 0;"><b>APPELLANT(S)</b></div> <div style="text-align: center; margin: 5px 0;"><b>v.</b></div> <div style="text-align: center; margin: 5px 0;">_____</div> <div style="text-align: center; margin: 5px 0;"><b>APPELLEE(S)</b></div>	
<b>Appellant(s) Lead Counsel:</b>  <b>Name:</b>  <b>Address:</b>	<b>APPELLEE(S) LEAD COUNSEL</b>  <b>NAME:</b>  <b>ADDRESS:</b>
<b>APPOINTED OR RETAINED?</b>	<b>APPOINTED OR RETAINED?</b>
<b>SBN:</b>	<b>SBN:</b>
<b>PHONE#:</b> (    )	<b>PHONE #:</b> (    )
<b>FAX #:</b> (    )	<b>FAX #:</b> (    )
<b>E-MAIL:</b>	<b>E-MAIL:</b>

Name of your client \_\_\_\_\_

Was your client the plaintiff or defendant in the trial court? \_\_\_\_\_

Would you prefer to receive court notices by e-mail or regular mail? \_\_\_\_\_ (choose one)

Are there additional appellants or appellees in this case? \_\_\_\_\_ (yes/no)

If yes, how many of each? \_\_\_\_\_.

*On an attached sheet, please list the name, address and lead counsel information for each additional appellant and/or appellee.*

<b>TRIAL COURT INFORMATION:</b>		
Trial Court:	County:	Trial Court Docket Number:
Trial Judge (who tried/disposed of case): Phone #: Fax #:		Court Clerk (district/county clerk): Phone #: Fax #: E-mail:
Has Clerk's Record been paid for? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Requested on:	Other Oral Arguments?
Will Reporter's Record be filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has it been requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	What payment arrangements have been made to the Court Reporter?
<i>If the reporter's record has been requested, please attach a copy of said request, if not, please explain why:</i>		
<u>Reporter #1:</u> Name: Address: Phone #: Fax #: E-mail:		<u>Reporter #2:</u> Name: Address: Phone #: Fax #: E-mail:
<u>Reporter #3:</u> Name: Address: Phone #: Fax #: E-mail:		<u>Reporter #4:</u> Name: Address: Phone #: Fax #: E-mail:
<b>PERFECTION INFORMATION:</b>		
Date <b>Notice of Appeal</b> filed in Trial Court: _____; Date <b>Notice of Appeal</b> mailed: _____		
Date <b>Motion for New Trial</b> or other document filed extending time for perfecting appeal, if any filed: _____		
Title of document: _____; Date Filed: _____ Date Mailed: _____		
<i>(Attach copies file-stamped by trial court of judgment/appealable order, motion for new trial and notice of appeal.)</i>		

**Civil Appeal Only**

Date Judgment/Appealable Order signed: \_\_\_\_\_

Nature of Judgment/Appealable Order (e.g., summary judgment, oil & gas, personal injury, contract dispute, etc.)? \_\_\_\_\_

Final Judgment Order, Accelerated Appeal or Interlocutory Appeal? \_\_\_\_\_

*(Please cite legal authority permitting the appeal, if interlocutory.)*

Should appeal's submission be accelerated? \_\_\_\_\_ If so, under what legal authority? \_\_\_\_\_

**Criminal Appeal Only**

Date Sentence imported/suspended in open court or date trial court signed order appealed: \_\_\_\_\_

Offense Charged: \_\_\_\_\_; Date of Offense: \_\_\_\_\_

Defendant's Plea: \_\_\_\_\_; Jury Trial? \_\_\_\_\_

Punishment Assessed: \_\_\_\_\_

Is Defendant in Jail? \_\_\_\_\_ Out on Bond? \_\_\_\_\_ Amount of Bond: \_\_\_\_\_

**INFORMATION REGARDING INDIGENCY:**

Date indigent status requested: \_\_\_\_\_ TEX. R. APP. P. 20.1 [civil cases]; TEX. R. APP. P. 20.2 [criminal cases]

Has affidavit been contested? \_\_\_\_\_ If yes, when was contest filed? \_\_\_\_\_

If contested, has the trial court issued a written decision? \_\_\_\_\_ If yes, on what date? \_\_\_\_\_

Was indigency status granted or denied? \_\_\_\_\_

**SUSPENSION OF ENFORCEMENT:**

If this is a civil appeal, will the judgment be superseded under TEX. R. APP. P. 24? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Counsel's Signature