

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

**COURT OF APPEALS  
SECOND DISTRICT OF TEXAS  
FORT WORTH**

**DOCKETING STATEMENT (CIVIL)**

**[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 Number  
(include area code):

Telephone Number  
(include area code):

Fax Number  
(include area code):

Fax Number  
(include area code):

SBN (lead counsel):

SBN (lead counsel):

If not represented by counsel, provide appellant's/appellee's address, telephone number, and fax number.

On a separate attachment, list the same information stated above for any additional parties to the trial court's judgment.

<b>II. Perfection Of Appeal And Jurisdiction (TRAP 32.1(b), (c), (g), (j)):</b>		
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? ( <i>E.g.</i> , jury trial, bench trial, summary judgment, directed verdict, 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.)  Accelerated/preferential appeal: Yes <input type="checkbox"/> No <input type="checkbox"/>  (Please specify statutory or other basis on which appeal is accelerated or receives preferential treatment.)	
Does the judgment or order dispose of all parties and issues? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, cite authority for this Court's jurisdiction.	
<b>III. Actions Extending Time To Perfect Appeal (TRAP 32.1(d)):</b>		
Action	Filed	Date Filed
Motion for New Trial	<input type="checkbox"/>	
Motion to Modify Judgment	<input type="checkbox"/>	
Request for Findings of Fact and Conclusions of Law	<input type="checkbox"/>	
Motion to Reinstate	<input type="checkbox"/>	
Motion under TRCP 306a	<input type="checkbox"/>	
Other (specify):	<input type="checkbox"/>	

<b>IV. Indigency Of Party (TRAP 32.1(k))</b> (attach file-stamped copy of affidavit):			
Affidavit filed	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Date: _____
Contest filed	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Date: _____
Ruling on contest: Sustained	<input type="checkbox"/>	Overruled	<input type="checkbox"/> Date: _____
<b>V. 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 or county clerk):	
Telephone Number (include area code):		Telephone Number (include area code):	
Fax Number (include area code):		Fax Number (include area code):	
Address:		Address:	
Clerk's fee has been paid or satisfactory arrangements made? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain			
Court Reporter or Court Recorder:			
Telephone Number (include area code):		Fax Number (include area code):	
Address:			
(Attach additional sheet if necessary for additional court reporters/recorders.)			
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:
State arrangements made for payment of court reporter/recorder:			

<b>VI. Supersedeas Bond (TRAP 32.1(1)):</b>	None <input type="checkbox"/>	Will file <input type="checkbox"/>	Was filed on:
<b>VII. Extraordinary Relief:</b> Will you request extraordinary relief ( <i>e.g.</i> , 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>VIII. Alternative Dispute Resolution/Mediation:</b>			
If this appeal should be referred to a settlement procedure, complete and file a separate ADR form, which is available from the Court.			
<b>IX. Related Matters:</b> List any pending or past related appeals or original proceedings ( <i>e.g.</i> , mandamus, injunction, habeas corpus) before this or any other Texas appellate court by court, docket number, and style.			
<b>X. 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 _____, _____ by <input type="checkbox"/> mail <input type="checkbox"/> hand delivery <input type="checkbox"/> fax <input type="checkbox"/> other _____:			
_____ Signature of counsel (or pro se party)		Date: _____	
_____ Printed Name		State Bar No.: _____	