

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):

(See note at bottom of page)

Appellee(s):

(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.

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? (<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.	
Does the appeal involve a constitutional challenge to a Texas statute? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, identify the following: Statue being challenged: Basis for the challenge:		
III. Actions Extending Time To Perfect Appeal (TRAP 32.1(d)):		
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"/>	
IV. Indigency Of Party (TRAP 32.1(k)) (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: _____
V. Trial Court And Record (TRAP 32.1(c), (h), (i)):		
Court:	County:	Trial Court Docket Number (Cause No.):
Trial Judge (who tried or disposed of case): Telephone Number (include area code): Fax Number (include area code): Address:		Court Clerk (district or county clerk): Telephone Number (include area code): Fax Number (include area code): 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): Address:		
Fax Number (include area code):		
(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:			
VI. Supersedeas Bond (TRAP 32.1(1)):	None <input type="checkbox"/>	Will file <input type="checkbox"/>	Was filed on:
VII. Extraordinary Relief: 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.			
VIII. Alternative Dispute Resolution/Mediation:			
If this appeal should be referred to a settlement procedure, complete and file a separate ADR form, which is available from the Court.			
IX. Related Matters: 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.			
<p>X. Pro Bono Program: A number of attorneys have expressed an interest in representing a party before this Court for no charge, except for costs and expenses. Whether they would agree to represent you would depend on your financial need and a number of other factors. A Pro Bono Committee of local lawyers will make the decision, without input from this Court, as to whether your case qualifies for such free legal representation. If you feel your financial situation might qualify you for this help, and you would like to be considered for such help, complete the information in this section. More information regarding this program can be found in the <i>Pro Bono Program Pamphlet for the Second Court of Appeals</i> available in paper form at the Clerk's Office or on the Internet at http://www.tex-app.org. NOTE: There is no guarantee that an attorney will be found to represent you. Accordingly, you should keep looking for counsel to represent you in this case. By signing your name below, you authorize 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.</p> <p>1. Do you want to be considered for free legal representation in this case? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered "Yes" to Question X.1, then please answer the following questions.</p>			

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 this case? Please note that the substance of any such conversations would be maintained as confidential by the Pro Bono Committee, to the extent permitted by law. The information would be 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/08poverty.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. Forms may be found in the Clerk's Office or on the Internet at <http://www.tex-app.org/Form3.pdf>. If you are not willing to submit this Affidavit, you will probably not be referred to an attorney under this Program.

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. 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 _____, _____ by mail hand delivery fax other _____:

Signature of counsel (or pro se party)

Date: _____

Printed Name

State Bar No.: _____