

Address (Lead Counsel) CHAPTER \ h \ r 1 A	Appellate Docket Number:
Appellate Case Style:	
DOCKETING STATEMENT (CIVIL) Ninth 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): (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: (include area code)	Telephone: (include area code)
Fax: (include area code)	Fax: (include area code)
E-Mail Address:	E-Mail Address:
SBN (lead counsel):	SBN (lead counsel):
<p>If not represented by counsel, provide appellant's/appellee's address, telephone number, and fax 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.</p>	

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

<p>Date order or judgment signed:</p> <p>(Attach a signed copy, if possible)</p>	<p>Date notice of appeal filed in trial court:</p> <p>(Attach file-stamped copy; if mailed to the trial court clerk, also give the date of mailing)</p>
<p>What type of judgment? (e.g., jury trial, bench trial, summary judgment, directed verdict, other (specify))</p>	<p>Interlocutory appeal of appealable order: Yes G No G</p> <p>(Please specify statutory or other basis on which interlocutory order is appealable) (<i>See</i> TRAP 28)</p> <p>Accelerated appeal (<i>See</i> TRAP 28): Yes G No G</p> <p>(Please specify statutory or other basis on which appeal is accelerated)</p> <p>Appeal that receives precedence, preference, or priority under statute or rule? Yes G No G</p> <p>(Please specify statutory or other basis for such status)</p>

III. Actions Extending Time To Perfect Appeal (TRAP 32.1(d)):				
Action	Filed Check as appropriate		Date Filed	
Motion for New Trial	No G	Yes G		
Motion to Modify Judgment	No G	Yes G		
Request for Findings of Fact and Conclusions of Law	No G	Yes G		
Motion to Reinstate	No G	Yes G		
Motion under TRCP 306a	No G	Yes G		
Other (specify):	No G	Yes G		
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 G	Yes G		
Contest filed	No G	Yes G		
Date ruling on contest due:				
Ruling on contest: Sustained G Overruled G				
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:				

Court Reporter or Court Recorder: Telephone Number: (include area code) Fax Number: (include area code) Address:	Court Reporter or Court Recorder: Telephone Number: (include area code) Fax Number: (include area code) Address:
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VI. 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 clerk): Telephone Number: (include area code) Fax Number: (include area code) Address:	
Clerk's Record Yes G	Sworn copy for accelerated appeal Yes G <i>(See TRAP 28.3)</i>	Will request G (Note: No request required under TRAP 34.5(a), (b))	Was requested on:

<p>Court Reporter/Recorder Will you request extraordinary relief (Court Reporter/Recorder or ancillary relief) from this Court? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly state the basis for your request.</p>			
<p>Telephone Number: (include area code)</p>		<p>Telephone Number: (include area code)</p>	
<p>Fax Number: (include area code)</p>		<p>Fax Number: (include area code)</p>	
<p>Address:</p>		<p>Address:</p>	
<p>(Attach additional sheet if necessary for additional court reporters/recorders)</p>			
<p>Length of trial (approximate):</p>		<p>State arrangements made for payment of court reporter/recorder:</p>	
<p>Reporter's or Recorder's Record (check if electronic recording <input type="checkbox"/>)</p>	<p>None <input type="checkbox"/></p>	<p>Will request <input type="checkbox"/></p>	<p>Was requested on:</p>
<p>VII. Nature Of The Case (TRAP 32.1(f)) (Subject matter or type of case: E.g., 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):</p>			
<p>VIII. Supersedeas Bond (TRAP 32.1(1)):</p>	<p>None <input type="checkbox"/></p>	<p>Will file <input type="checkbox"/></p>	<p>Was filed on:</p>

IX. Extraordinary Relief with ADR request for extraordinary relief (e.g., temporary or ancillary relief)
For this Court only. If no: No G If yes, briefly state the basis for your request.

a. Who was the mediator?

X. 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).
What type of ADR procedure?

1. Should this appeal be referred to mediation? If not, why not.

2. Has the case been through ADR procedures? If so, the mediator should be proficient:
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.
Circle one.

1 2 3 4 5

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

Signature of counsel
(or pro se party)

Date: _____

State Bar
No.: _____

Printed Name: _____

XIV. 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.

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