

**Court of Appeals
Eighth District of Texas
El Paso, Texas**

DOCKETING STATEMENT (CRIMINAL)

Appellate Docket Number: _____ Appellate Case Style: _____ [to be filed in the court of appeals upon perfection of appeal under TRAP 32]

I. Parties (TRAP 32.2(a)):	
Appellant (or Appellee, if State is appealing): (See note at bottom of page)	Co-defendant(s):
Trial Attorney: Appointed <input type="checkbox"/> Retained <input type="checkbox"/>	Appellate Attorney: Appointed <input type="checkbox"/> Retained <input type="checkbox"/> If appointed, was a hearing on indigency held? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Address:
Telephone: () Fax: () E-Mail Address:	Telephone: () Fax: () E-Mail Address:
SBN:	SBN:
If not represented by counsel, provide appellant's (appellee's, if State is appealing) address, telephone number, and telecopy number.	

II. Perfection Of Appeal, Judgment And Sentencing (TRAP 32.2(b), (d), (f), (g), (h), (i), (j), (k)):	
Date trial court imposed or suspended sentence in open court or date trial court entered appealable order: (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)
Offense charged: Date of offense: Defendant's plea: If guilty, does Defendant have the trial court's permission to	Punishment assessed: Is the appeal from a pretrial order? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify. Does the appeal involve the validity of a statute, rule or ordinance? Yes <input type="checkbox"/> No <input type="checkbox"/>

appeal? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the trial jury or nonjury: Guilt or innocence phase: Jury <input type="checkbox"/> Nonjury <input type="checkbox"/> Punishment phase: Jury <input type="checkbox"/> Nonjury <input type="checkbox"/>	If yes, please specify. Will you challenge this Court's jurisdiction? If yes, explain.
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III. Actions Extending Time To Perfect Appeal (TRAP 32.2(e)):

Action	Filed Check as appropriate		Date Filed
Motion for New Trial	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Motion in Arrest of Judgment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Other (specify):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

IV. Indigency Of Party (TRAP 32.2(n)): (Attach file-stamped copy of motion and affidavit)

Event	Filed Check as appropriate		Date	N/A
Motion and affidavit filed	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Date of hearing:				
Date of order:				
Ruling on motion: Granted <input type="checkbox"/> Denied <input type="checkbox"/>				

V. Trial Court And Record (TRAP 32.2(c), (l), (m)):

Court:	County:	Trial Court Docket Number (Cause No.):
Trial Judge (who tried or disposed of case): Telephone Number: (include area code) Telecopy Number: (include area code) Address:	Court Clerk (district clerk): Telephone Number: (include area code) Telecopy Number: (include area code) Address:	
Clerk's Record Yes <input type="checkbox"/>	Will request <input type="checkbox"/> (Note: No request required under TRAP 34.5(a), (b))	Was requested on:

Court Reporter or Court Recorder (if multiple - list names, phone numbers and address of each one):

Telephone Number: ()

Telecopy Number: ()

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)

None

Will request

Was requested on:

VI. Related Matters: List any pending or past related appeals before this or any other Texas appellate court by court, docket number, and style.

VII. Any other information requested by the court (see attachments, if any). (TRAP 32.2.(o))

VIII. Signature:

_____ Date: _____

Signature of counsel
(or pro se party)

State Bar No.: _____

Printed Name: _____

IX. 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

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.

Use additional sheet(s), if necessary