

**Court of Appeals - Eighth District of Texas - El Paso
DOCKETING STATEMENT (CIVIL)**

Appellate Docket Number: 08- _____

Appellate Case Style:

I. Parties (TRAP 32.1(a), (e)):	
Appellant(s):	Appellee(s):
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: ()	Telephone: ()
E-mail address:	E-mail address:
Fax: ()	Fax: ()
SBN (lead counsel):	SBN (lead counsel):
*On attachment 1 or on additional attachments if needed, list the identical information as requested above for any additional parties to the trial courts judgment. If not represented by counsel, please provide appellant's or appellee's address, telephone number, fax number and e-mail address.	

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? (e.g., 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) (See TRAP 28)
If money judgment, what was the amount?	Accelerated appeal (See TRAP 28): Yes <input type="checkbox"/> No <input type="checkbox"/> (Please specify statutory or other basis on which appeal is
Actual damages: \$	
Punitive (or similar) damages: \$	
Attorneys' fees (trial): \$	
Attorneys' fees (appellate): \$	

<p>Other (specify): \$</p> <p>Appeal from final judgment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does judgment dispose of all parties and issues: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you anticipate a challenge to the jurisdiction of this Court? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, explain:</p>	<p>accelerated)</p> <p>Is this an appeal that receives precedence, preference, or priority under statute or rule? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please specify statutory or other basis for such status)</p> <p>Does Appellant intend to seek temporary or ancillary relief while appeal is pending?</p>
--	--

<p>Does judgment have a Mother Hubbard clause? (e.g.: "All relief not expressly granted is denied"): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does judgment have language that one or more parties "take nothing"? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Other basis for finality?</p>
--	----------------------------------

III. Actions Extending Time To Perfect Appeal (TRAP 32.1(d)):

Action	Filed Check as appropriate		Date Filed
Motion for New Trial	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Motion to Modify Judgment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Request for Findings of Fact and Conclusions of Law	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Motion to Reinstate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Motion under TRCP 306a	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other (specify):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

IV. Indigency Of Party (TRAP 32.1(k)): (Attach file-stamped copy of affidavit)

Event	Filed Check as appropriate		Date	N/A
Affidavit filed	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Contest filed	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date ruling on contest due:				
Ruling on contest: Sustained <input type="checkbox"/> Overruled <input type="checkbox"/>				

V. Bankruptcy (TRAP 8)

Will the appeal be stayed by bankruptcy? Yes No Date bankruptcy filed?

Name of bankruptcy court: Bankruptcy Case No.:

Style of bankruptcy case:

X. Related Matters: List any pending or past related **appeals or original proceedings** (e.g., mandamus, injunction, habeas corpus) before this or any other Texas appellate court by court, docket number, and style.

XI. Signature (of individual submitting docketing statement):

Printed Name: _____ Date: _____

Signature of counsel (or pro se party)

State Bar No.: _____

XII. 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 of counsel (or pro se)

(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 person who made 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.