

Appellate Docket No.: _____
 Appellate Case Style: _____

**FIFTH DISTRICT COURT OF APPEALS
 CRIMINAL APPEAL - DOCKETING STATEMENT**

PARTIES (TRAP 32.2(a)):

Appellant:

Appellee:

Attorney (Lead Counsel):

Attorney (Lead Counsel):

Appointed [] Retained []

Address (Lead Counsel):

Address (Lead Counsel):

Telephone:

Telephone:

Fax:

Fax:

Email:

Email:

SBN (Lead Counsel):

SBN (Lead Counsel):

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

PERFECTION OF APPEAL (TRAP 32.2(b),(d),(f)-(k)):

Date Sentence Imposed or Suspended in Open Court
 or Appealable Order Signed:

Date Notice of Appeal Filed:

If Mailed, Date Mailed:

Attach File-Stamped Copy of Notice

ACTIONS EXTENDING TIME TO PERFECT APPEAL (TRAP 32.2(e)):

Mt. for New Trial: Yes [] No []

Date Filed:

Mt.in Arrest of Judgment: Yes [] No []

Date Filed:

Other (Specify):

Date Filed:

TRIAL AND APPEAL (TRAP 32.2(f)-(k)):	
Offense Charged: Date of Offense: Defendant's Plea: If guilty or nolo contendere, was plea result of negotiated plea bargain agreement? Was the trial jury or nonjury? Guilt/Innocence Phase: Punishment Phase: Punishment Assessed:	Is the appeal from a pretrial order? Yes [] No [] Does the appeal involve the validity of a statute, rule, or ordinance? Yes [] No [] If yes, specify.
TRIAL COURT AND RECORD (TRAP 32.2(c), (l), (m)):	
Court:	T.Ct. Cause No.
Trial Judge (Who Tried or Disposed of Case): Telephone No.: Fax: Address:	Court Clerk (District or County Clerk): Telephone No.: Fax: Address:
Clerk's Record	Fee Paid: Yes [] No [] Arrangements Made to Pay Fee: Yes [] No []
Court Reporter(s) or Court Recorder(s): Telephone Number(s): Fax Number(s): Address(es):	
Reporter's/Recorder's Record (Check If Electronic Recording [])	Date Requested: Fee Paid: Yes: [] No: [] Arrangements Made to Pay Fee: Yes [] No []
Number and Date(s) of Hearing(s):	

INDIGENCY OF PARTY (TRAP 32.1(k)):		
Event	Filed Check as Appropriate	Date
Motion and Affidavit Filed	Yes [] No []	
Date of Hearing:		
Ruling on Motion: Granted [] Denied []		
OTHER INFORMATION (TRAP 32.2(m)):		
List any other pending related appeals before this or any other Texas appellate court by Court, Docket Number, and Style:		

NOTE: If inadequate space has been provided for the information requested, please provide the additional information on an attachment.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

Lead Counsel/Pro Se Party

Date

Representing: _____

Rev. 02/28/2002

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Docketing Statement was served this ____ day of _____, 20__, on all parties/attorneys of record listed below (provide name and address of each person served and if person served is party's attorney, list name of party attorney represents) by: (circle one) personal service, mail, commercial delivery service, fax. *See* TRAP 9.5(b).

Lead Counsel/Pro Se Party