

Appellate Docket Number: _____

Appellate Case Style:

DOCKETING STATEMENT (CRIMINAL)
_____ **Court of Appeals**
**[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):

Co-defendant(s):

(See note at bottom of page)

Trial Attorney:

Appellate Attorney:

Appointed Retained

Appointed Retained

If appointed, was a hearing on indigency held?
Yes No

Address:

Address:

Telephone:
(include area code)

Telephone:
(include area code)

Telecopy:
(include area code)

Telecopy:
(include area code)

SBN:

SBN:

If not represented by counsel, provide appellant's (appellee's, if State is appealing) address, telephone number, and telecopy number.

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):		Court Clerk (district clerk):		
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: Telephone Number: (include area code) Telecopy Number: (include area code) Address:	Court Reporter or Court Recorder: Telephone Number: (include area code) Telecopy Number: (include area code) 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 <input type="checkbox"/>)	None <input type="checkbox"/>	Will request <input type="checkbox"/>	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).			

VIII. Signature:

Signature of counsel
(or pro se party)

Date:

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 _____, 19____.

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.