

DOCKETING STATEMENT FOR A CRIMINAL APPEAL

This docketing statement must be filed by all appellants with the Clerk of the Fourth Court of Appeals, 300 Dolorosa, Suite 3200, San Antonio, TX 78205, upon perfecting appeal. See TEX. R. APP. P. 32.2.

Appeal No. _____ (To be assigned by the Clerk of the Fourth Court of Appeals.)

Case Style Below _____
v. _____

Trial Court No. _____ **Court No. & County** _____

APPELLANT(S)

Name of appellant(s)* _____

Name of lead counsel (if represented) _____

Law firm (if attorney) _____

Address _____

Phone () _____ Fax () _____ SBN _____

Whether counsel is appointed or retained _____

Are any related cases or cases raising related issues pending in this court or the trial court, i.e., co-defendant or same issue involving another defendant? YES NO

If yes, cite the case and the manner in which it is related on a separate page. If abeyance, consolidation, or joint oral argument is warranted, counsel must file a separate motion seeking such relief.

NOTICE OF APPEAL

Date filed in the trial court _____ Date mailed to the trial court clerk, if applicable _____

TRIAL COURT

Name of judge who tried the case and signed the judgment or appealable order _____

Date judgment/appealable order signed _____ Date sentence imposed/suspended in open court _____

Filing date for motion for new trial, arrest of judgment, or other filing that affects the time for perfecting appeal _____

Offense(s) charged _____ Date of offense _____

Defendant's plea: Guilty Not Guilty Nolo contendere Trial: Jury Non-jury

Punishment assessed _____

Is this appeal from a pre-trial order? YES NO If yes, identify order _____

Does this appeal involve the validity of a statute, ordinance, or rule? YES NO If yes, identify _____

REPORTER'S RECORD

Date requested: _____ Electronically recorded? YES NO

Length of trial or hearing in days: _____

Will there be an agreed record or an agreed statement of the case? YES NO

Court reporter's name: _____

a. OFFICIAL or SUBSTITUTE

b. Address and phone no.: _____

c. If substitute, name of official court reporter for trial court: _____

AFFIDAVIT OF INDIGENCE

Date filed: _____ Date contest filed, if any: _____

Date of order on contest, if any: _____ SUSTAINED OVERRULED NO RULING

CERTIFICATE OF SERVICE

As attorney of record (or appellant pro se), I hereby certify that a copy of this docket sheet has been served by first class mail or by fax, prior to filing, to all other parties to the judgment or order being appealed.

Date _____ Attorney of Record (signature) _____