

<b>Appellate Docket Number:</b> <b>Appellate Case Style:</b> <b style="margin-left: 100px;">Vs.</b>	
<b>Companion Case(s):</b>	

Amended/Corrected Statement

## DOCKETING STATEMENT (Civil)

Appellate Court:  
 (to be filed in the court of appeals upon perfection of appeal under TRAP 32)

***NOTE:** Because space for additional parties / attorneys is limited on this form, you can include the information on a separate document. As per TRAP 32.1 and 9.4, please include party's name and the name, address, email address, telephone number, fax number, if any, and State Bar Number of the party's lead counsel. If the party is not represented by an attorney, that party's name, address, telephone number, fax number should be provided.*

I. Appellant	II. Appellant Attorney(s) - Continued
<div style="display: flex; justify-content: space-between;"> <span>Person</span> <span>Organization</span> </div> Name: <div style="text-align: center; margin-top: 10px;">Pro Se</div> <p><i><b>If Pro Se Party, enter the following information:</b></i></p> Address: City/State/Zip: Tel.                      Ext.                      Fax: Email:	Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email:
II. Appellant Attorney(s)	
Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email:	Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email:
Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email:	Lead Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email:

III. Appellee	IV. Appellee Attorney(s) - Continued
<p>Person      Organization</p> <p>Name:</p> <p>Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel.                      Ext.              Fax:</p> <p>Email:</p>	<p>Lead Attorney</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel.                      Ext.              Fax:</p> <p>Email:</p>
IV. Appellee Attorney(s)	
<p>Lead Attorney</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel.                      Ext.              Fax:</p> <p>Email:</p>	<p>Lead Attorney</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel.                      Ext.              Fax:</p> <p>Email:</p>
<p>Lead Attorney</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel.                      Ext.              Fax:</p> <p>Email:</p>	<p>Lead Attorney</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel.                      Ext.              Fax:</p> <p>Email:</p>



**VII. Indigency of Party (Attach file stamped copy of Statement and copy of the trial court order.)**

Was Statement of Inability to Pay Court Costs filed in the trial court?                      Yes      No  
    If yes, date filed:

Was a Motion Challenging the Statement filed in the trial court?                      Yes      No  
    If yes, date filed:

Was there any hearing on appellant’s ability to afford court costs?                      Yes      No  
    Hearing Date:

Did trial court sign an order under Texas Rule of Civil Procedure 145?                      Yes      No  
    Date of Order:  
    If yes, trial court finding:      Challenge Sustained      Overruled

**VIII. Bankruptcy**

Has any party to the court’s judgment filed for protection in bankruptcy which might affect this appeal?  
    Yes      No  
    If yes, please attach a copy of the petition.  
    Date bankruptcy filed:  
    Bankruptcy Case Number:

**IX. Trial Court and Record**

<p>Court: County: Trial Court Docket No. (Cause No.):  Trial Court Judge (who tried or disposed of the case):     Name:     Address 1:     Address 2:     City/State/Zip:     Tel.                      Ext.                      Fax:     Email:</p>	<p><b>Clerk’s Record</b> Trial Court Clerk:      District                      County Was Clerk’s record requested?      Yes      No     If yes, date requested:     If no, date it will be requested: Were payment arrangements made with clerk?     Yes      No      Indigent <b>(Note: No request required under TRAP 34.5(a),(b).)</b></p>
---	--

**IX. Trial Court and Record - Continued**

**Reporter's or Recorder's Record**

Is there a Reporter's Record?      Yes      No

Was Reporter's Record requested?      Yes      No

    If yes, date requested:

    If no, date it will be requested:

Was the Reporter's Record electronically recorded?      Yes      No

Were payment arrangements made with the court reporter/court recorder?      Yes      No      Indigent

Court Reporter Official			Court Recorder Substitute			Court Reporter Official			Court Recorder Substitute		
Name:						Name:					
Address 1:						Address 1:					
Address 2:						Address 2:					
City/State/Zip:						City/State/Zip:					
Tel.		Ext.		Fax:		Tel.		Ext.		Fax:	
Email:						Email:					

**X. Supersedeas Bond**

Supersedeas bond filed?      Yes      No

    If yes, date filed:

    If no, will file?      Yes      No

**XI. Extraordinary Relief**

Will you request extraordinary relief (e.g., temporary or ancillary relief) from this Court?      Yes      No

    If yes, briefly state the basis for your request:

**XII. Alternative Dispute Resolution/Mediation**

**(Complete section if filing in the 1<sup>st</sup>, 2<sup>nd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 13<sup>th</sup>, or 14<sup>th</sup> Court of Appeals.)**

Should this appeal be referred to mediation?    Yes    No

If no, please specify:

Has this case been through an ADR procedure?    Yes    No

If yes, who was the mediator?

What type of ADR procedure?

At what stage did the case go through ADR?    Pre-Trial    Post-Trial    Other

If other, please specify:

Type of Case?

Give a brief description of the issue to be raised on appeal, the relief sought, and the applicable standard for review, if known (without prejudice to the right to raise additional issues or request additional relief):

How was the case disposed of?

Summary of relief granted, including amount of money judgment, and if any, damages awarded.

If money judgment, what was the amount? Actual damages:

Punitive (or similar) damages:

Attorney's fees (trial):

Attorney's fees (appellate):

Other:

If other, please specify:

Will you challenge this Court's jurisdiction?    Yes    No

Does judgment have language that one or more parties "take nothing"?    Yes    No

Does judgment have a Mother Hubbard clause?    Yes    No

Other basis for finality:



**XIV. Pro Bono Program:**

**(Complete section if filing in the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 13<sup>th</sup> or 14<sup>th</sup> Court of Appeals.)**

The Courts of Appeals listed above, in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee and local Bar Associations, are conducting a program to place a limited number of civil appeals with appellate counsel who will represent the appellant in the appeal before this Court.

The Pro Bono Committee is solely responsible for screening and selecting the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant or appellee. If a case is selected by the Committee, and can be matched with appellate counsel, that counsel will take over representation of the appellant or appellee without charging legal fees. More information regarding this program can be found in the Pro Bono Program Pamphlet available in paper form at the Clerk's Office or on the Internet at <http://www.tex-app.org>. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

Note: there is no guarantee that if you submit your case for possible inclusion in the Pro Bono Program, the Pro Bono Committee will select your case and that pro bono counsel can be found to represent you. Accordingly, you should not forego seeking other counsel to represent you in this proceeding. By signing your name below, you are authorizing the Pro Bono committee to transmit publicly available facts and information about your case, including parties and background, through selected Internet sites and Listserv to its pool of volunteer appellate attorneys.

Do you want this case to be considered for inclusion in the Pro Bono Program?    Yes    No

Do you authorize the Pro Bono Committee to contact your trial counsel of record in this matter to answer questions the committee may have regarding the appeal?    Yes    No

Please note that any such conversations would be maintained as confidential by the Pro Bono Committee and the information used solely for the purposes of considering the case for inclusion in the Pro Bono Program.

If you have not previously filed a Statement of Inability to Pay Court Costs and attached a file-stamped copy of that Statement, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines?    Yes    No

These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at <http://aspe.hhs.gov/poverty/06poverty.shtml>.

Are you willing to disclose your financial circumstances to the Pro Bono Committee?    Yes    No

If yes, please attach a Statement of Inability to Pay Court Costs completed and executed by the appellant or appellee. Sample forms may be found in the Clerk's Office or on the internet at <http://www.tex-app.org>. Your participation in the Pro Bono Program may be conditioned upon your execution of a Statement under oath as to your financial circumstances.

Give a brief description of the issues to be raised on appeal, the relief sought, and the applicable standard of review, if known (without prejudice to the right to raise additional issues or request additional relief; use a separate attachment, if necessary).



## XV. Fifteenth Court of Appeals Jurisdiction

Effective September 1, 2024, certain cases filed with this court must be transferred to the new Fifteenth Court of Appeals (See SB 1045, 88th Legislature, Regular Session). To assist the court in the orderly transfer of cases, please complete the following information.

Does this appeal involve a matter brought by or against the state or a board, commission, department, office, or other agency in the executive branch of the state government, including a university system or institution of higher education as defined by Section 61.003, Education Code, or by or against an officer or employee of the state or a board, commission, department, office, or other agency in the executive branch of the state government arising out of that officer's or employee's official conduct?

Yes

No

If the answer is yes, does this appeal involve:

- a proceeding brought under the Family Code and any related motion or proceeding;
- a proceeding brought under Chapter 7B or Article 17.292, Code of Criminal Procedure;
- a proceeding against a district attorney, criminal district attorney, or county attorney with criminal jurisdiction;
- a proceeding relating to a mental health commitment;
- a proceeding relating to civil asset forfeiture;
- a condemnation proceeding for the acquisition of land or a proceeding related to eminent domain;
- a proceeding brought under Chapter 101, Civil Practice and Remedies Code;
- a claim of personal injury or wrongful death;
- a proceeding brought under Chapter 125, Civil Practice and Remedies Code, to enjoin a common nuisance;
- a proceeding brought under Chapter 55, Code of Criminal Procedure;
- a proceeding under Chapter 22A, Government Code;
- a proceeding brought under Subchapter E-1, Chapter 411, Government Code;
- a removal action under Chapter 87, Local Government Code; or
- a proceeding brought under Chapter 841, Health and Safety Code.

**XVI. Signature**

Signature of counsel (or Pro Se Party)

Date

Printed Name



State Bar No.

Electronic Signature (Optional)

Name

**XVII 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:



Signature of counsel (or Pro Se Party)

Electronic Signature (Optional)

State Bar No.

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 the attorney.

**Please enter the following for each person served:**

Date Served: Manner Served: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email: Party:	Date Served: Manner Served: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email: Party:
Date Served: Manner Served: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email: Party:	Date Served: Manner Served: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email: Party:
Date Served: Manner Served: Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel.                      Ext.                      Fax: Email: Party:	

**Please enter the following for each person served that is not an attorney for a party:**

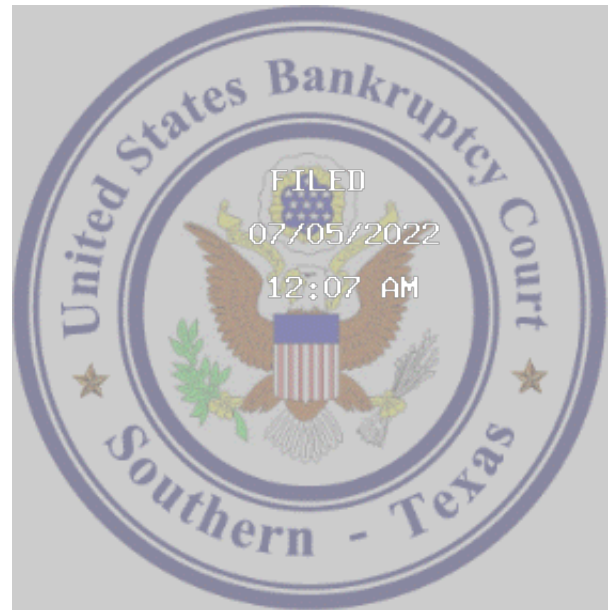
Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel.                      Ext. Fax: Email:	Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel.                      Ext. Fax: Email:
Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel.                      Ext. Fax: Email:	Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel.                      Ext. Fax: Email:
Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel.                      Ext. Fax: Email:	Date Served: Manner Served: Name: Address 1: Address 2: City/State/Zip: Tel.                      Ext. Fax: Email:

United States Bankruptcy Court  
Southern District of Texas

## Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 7 of the United States Bankruptcy Code, entered on 07/05/2022 at 12:07 AM and filed on 07/05/2022.

**Jennifer Alexandra Johnson**  
12777 Ashford Point Dr. #1509  
Houston, TX 77082  
713-599-0117  
SSN / ITIN: xxx-xx-4083  
aka **Jennifer Alexandra Garcia**



The case was filed by the debtor's attorney:      The bankruptcy trustee is:

**David L Venable**  
Attorney at Law  
13201 Northwest Fwy  
Ste 800  
Houston, TX 77040-6157  
713-956-1400

**Randy W Williams**  
Byman & Associates PLLC  
7924 Broadway  
Suite 104  
Pearland, TX 77581  
281-884-9262

The case was assigned case number 22-31894 to Judge Jeffrey P Norman.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page <http://www.txs.uscourts.gov/> or at the Clerk's Office, United States Bankruptcy Court, PO Box 61010, Houston, TX 77208.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.

**Nathan Ochsner**  
Clerk, U.S. Bankruptcy Court

**PACER Service Center**

## Transaction Receipt

07/05/2022 00:10:39

<b>PACER Login:</b>	davidlvenable1950	<b>Client Code:</b>	
<b>Description:</b>	Notice of Filing	<b>Search Criteria:</b>	22-31894
<b>Billable Pages:</b>	1	<b>Cost:</b>	0.10