

Information or instructions: ~~Motion for extension of time to file~~

PREVIEW

1. In the event the statement of facts or legal brief cannot be filed during the required time period, the following form may be used to request an extension of time. See TRAP 10.5(b).
2. The transcript is filed by the clerk of the court. However, the statement of facts should be filed by the attorney perfecting the appeal.
3. The brief of each party is filed by the attorney preparing the brief.
4. The motion to extend time should contain the facts that show good cause to obtain an extension of time.
5. ~~The motion should be verified.~~
6. The following reasons are insufficient grounds to extend the time for filing of record:
 - a. the attorney is too busy;
 - b. the attorney is in another court;
 - c. the deadline conflicts with other deadlines the attorney has with respect to other matters.

PLEASE DO NOT COPY

Form Motion to ~~extend time for filing record~~

THIS DOCUMENT
NO. _____

IN THE

[Court Name] COURT OF APPEALS

[County Name] COUNTY, TEXAS

APPELLANT

[Name]

Vs

THANK YOU

APPELLEE

[Name]

MOTION TO EXTEND TIME FOR FILING RECORD

[Name], Appellant, makes this Motion to Extend Time for Filing the [name of pleading or instrument] in ~~an~~ cause.

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1. This appeal arises out of a proceeding in the District Court for the _____
PREVIEW _____ Judicial District, _____ County, entitled:

_____, and numbered.

2. The time limit for filing [state the pleading or item to be filed i.e. record]

3. [Explain your request] The brief is due on or before [Date]. However, the attorney for appellant requests an extension to file this Brief for the following reasons:

[specify].
4. **PLEASE DO NOT COPY**
Appellant requests that:

- a. The clerk of this court give notice of this motion to appellee.
- b. This court grant appellant's motion.
- c. This court extend the time for filing the [Brief] until [Date].

Respectfully Submitted,

THIS DOCUMENT
[Law Firm Name]

By _____

[Attorney's Name]

Attorney for [Appellant or Appellee]

[Attorney's Address]

[Telephone Number]

[Facsimile Number]

[Bar Card Number]

THANK YOU

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing pleading or document has been served upon all attorneys of record and any parties who are not represented by an attorney on _____.

Attorney for: [Other attorney's client's name]

Attorney's name: [Other attorney's name]

Attorney's address [Other attorney's address]

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Type of Service:

PREVIEW

- ___ U.S. Mail, Certified Return Receipt Request No. _____.
- ___ U.S. Mail, First Class.
- ___ Hand delivery by [name of delivery service]: _____.
- ___ Facsimile transmission to _____ [fax number] before 5 p.m.

[Attorney's signature]

State of Texas
County of _____

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AFFIDAVIT

BEFORE ME, on this day personally appeared [Name of Affiant], known to me to be a credible person, competent in all respects to make this Affidavit, and who, being by me duly sworn upon [his or her] oath, deposed and stated as follows:

This Affiant is the _____ [Court Reporter for the
_____ Judicial District Court or attorney for appellant or attorney for
appellee] who has read the above and foregoing Motion to Extend Time For Filing Record; and that every statement contained in this affidavit is within [his or her] personal knowledge and true and correct.

THIS DOCUMENT

Affiant

Subscribed and sworn to before me on _____ by
_____.

Signature of officer
THANK YOU

Notary's typed or printed name

My commission expires:

[or Notary's Stamp]

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