ACCEPTED 225EFJ017357697 FIFTH COURT OF APPEALS Appellate Docket Number: 05-12-01429-CV DALLAS, TEXAS 13 March 4 P3:00 Appellate Case Style: Jim Silliman Lisa Matz **CLERK** Luxor Contracting, Inc., d/b/a Luxor Staffing Companion Case No.: **FILED IN** 5th COURT OF APPEALS DALLAS, TEXAS 3/4/2013 3:00:14 PM **LISA MATZ DOCKETING STATEMENT (Civil)** Amended/corrected statement: × Clerk Appellate Court: 5th Court of Appeals (to be filed in the court of appeals upon perfection of appeal under TRAP 32) FIL: Appellant, Attorne Person Organization (choose one) □ Lead Attorney First Name: Norvin First Name: Jim Middle Name: Reed Middle Name: Last Name: Silliman Suffix: Last Name: Silliman Law Firm Name: Faegre, Baker & Daniels, LLP Suffix: Address 1: 111 E. Wayne Street Pro Se: () Address 2: Suite 800 City: Fort Wayne State: Indiana Zip+4: 46802 Telephone: (260) 460-1625 ext. Fax: (260) 460-1700 Reed.Silliman@faegrebd.com Email: SBN: 330 02 II. Appellant Attorney(s Person Organization (choose one) Lead Attorney First Name: Scott First Name: Middle Name: Patrick Jim Last Name: Stolley Middle Name: Suffix: Last Name: Silliman Law Firm Name: Thompson & Knight LLP Suffix: Address 1: 1722 Routh Street Pro Se: ()

Address 2:

Suite 1500

	City: Dallas
	State: Texas Zip+4: 75201
	Telephone: (214) 969-1700 ext.
	Fax: (214) 880-3287
	Email: scott.stolley@tklaw.com
	SBN: 19284350
III: Appelled a land and a land a lan	TV- Appellee Autorney (s)
Person Organization (choose one)	□ Lead Attorney
Organization Name: Luxor Contracting, Inc., d/b/a Luxor Staffing	First Name: Kevin
First Name:	Middle Name: T.
Middle Name:	Last Name: Schutte
Last Name:	Suffix:
Suffix:	Law Firm Name: Bracewell & Guiliani LLP
Pro Se: ()	Address 1: 1445 Ross Avenue
110 50.	Address 2: Suite 3800
	City: Dallas
	State: Texas Zip+4: 75202-2724 Telephone: (214) 758-1000 ext.
	Fax: (214) 758-1010
	Email: kevin.schutte@bgllp.com
	SBN: 24033050
III. Appellee	IV. Appellee Attorney(s)
Person Organization (choose one)	Lead Attorney
Organization Name: Luxor Contracting, Inc., d/b/a Luxor Staffing	First Name: Lauren
First Name:	Middle Name: J.
Middle Name:	Last Name: Brown
Last Name:	 Suffix:
Suffix:	Law Firm Name: Bracewell & Guiliani LLP
Pro Se: O	Address 1: 1445 Ross Avenue
	Address 2: Suite 3800
	City: Dallas
·	State: Texas Zip+4: 75202-2724
	Telephone: (214) 758-1000 ext.
	Fax: (214) 758-1010
	Email: lauren.brown@bgllp.com
	SBN: 24069430
IIIb Appellee	IV. Appellee Attorpey(s)
Person Organization (choose one)	Lead Attorney
Organization Name: Luxor Contracting, Inc., d/b/a Luxor Staffing	First Name: Tricia
1	

Middle Name: Last Name: DeLeon Last Name: Suffix: Law Firm Name: Bracewell & Guiliani LLP Suffix: Pro Se: 1445 Ross Avenue Address 1: Address 2: **Suite 3800** City: Dalas State: Texas Zip+4: 75202-2724 Telephone: (214) 758-1000 ext. Fax: (214) 758-1010 tricia.deleon@bgllp.com Email: SBN: 24005885

V: Perfection Of Appeal And J	urisdiction 1.3.						
Nature of Case (Subject matter o	r type of case): Other						
Date order or judgment signed:	July 19, 2012	Type of judgment: Jury Trial					
Date notice of appeal filed in trial court: October 17, 2012							
If mailed to the trial court clerk,	also give the date mailed:						
Interlocutory appeal of appealable order: Yes No If yes, please specify statutory or other basis on which interlocutory order is appealable (See TRAP 28):							
Accelerated appeal (See TRAP 2 If yes, please specify statutory or	•						
Parental Termination or Child Pro	otection? (See TRAP 28.4)	·): ☐Yes ■No					
Permissive? (See TRAP 28.3):	☐ Yes 🛛 No	0					
If yes, please specify statutory or	other basis for such status	s:					
10 (G TD 10 20 2)	☐ Yes ☒ No						
Agreed? (See TRAP 28.2): If yes, please specify statutory or							
in yes, preuse specify sustainery of							
Appeal should receive precedence	e, preference, or priority u	under statute or rule:					
If yes, please specify statutory or	other basis for such status	s:					
Does this case involve an amoun	t under \$100 0002 🔲 S	ves ⊠No					
Judgment or order disposes of all		-					
Appeal from final judgment:	· —	/es ☐ No					
Does the appeal involve the cons		-					
VI: Actions Extending Time:Te	o Perfect Appeal						
Motion for New Trial:	☐ Yes ☐ No	If yes, date filed: August 20, 2012					
Motion to Modify Judgment:	Yes □ No	If yes, date filed: August 20, 2012					
Request for Findings of Fact	Yes No	If yes, date filed: August 8, 2012					
and Conclusions of Law: Motion to Reinstate:	∐Yes ⊠ No	If yes, date filed:					
Motion under TRCP 306a:	☐ Yes ☒ No	If yes, date filed:					
Other:	∏Yes ⊠ No						
If other, please specify:							
VII. Indigency Of Party: (Att	ich file-stamped copy of	affidavit, and extension motion if filed.)					
Affidavit filed in trial court:	☐ Yes 🗓 No	If yes, date filed:					
Contest filed in trial court:	□Yes ⊠ No	If yes, date filed:					
Date ruling on contest due:							
Ruling on contest: Sustained	Overruled	Date of ruling:					

VIII. Bankruptey							
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: Ba	nkruptcy Case Number:						
IX Trial Court And Record							
Court: 134th Judicial District Court	Clerk's Record:						
County: Dallas	Trial Court Clerk: District County						
Trial Court Docket Number (Cause No.): DC10-01795	Was clerk's record requested? ☐ Yes ☐ No						
	If yes, date requested: October 7, 2012						
Trial Judge (who tried or disposed of case):	If no, date it will be requested:						
First Name: Dale	Were payment arrangements made with clerk?						
Middle Name:	⊠Yes □No □Indigent						
Last Name: Tillery	(Note: No request required under TRAP 34.5(a),(b))						
Suffix: Address 1: George L. Allen, Sr. Courts Bldg.	Appellant has already paid for the clerk's record, which has been completed and filed.						
Address 2: 600 Commerce Street, Suite 650							
City: Dallas							
State: Texas Zip + 4: 75202							
Telephone: (214) 653-6995 ext.							
Fax: (214) 653-6988							
Email: fly@dallascourts.org							
Reporter's or Recorder's Record:							
Is there a reporter's record?							
Was reporter's record requested? ☐ Yes ☐ No							
Was there a reporter's record electronically recorded? Yes	No						
If yes, date requested: October 17, 2012							
If no, date it will be requested: Were payment arrangements made with the court reporter/court recorder? Yes No Indigent Appellant has paid a \$4,000 deposit to the court reporter. The court reporter has said she will bill Appellant for the balance when she completes the transcript. Appellant has agreed to this arrangement and will pay the balance when it is billed by the court reporter.							

Court Report	er Court Recorder						
Official	☐ Substitute						
First Name:	Vielica Vielica						
Middle Name:							
Last Name:	Dlobbins						
Suffix:							
Address 1:	George L. Allen, Sr. Bldg.						
Address 2: 600 Commerce Street, Suite 650							
City:	Dallas						
State: Texas	Zip + 4: 75202						
Telephone: (21	4) 653-7239 ext.						
Fax: (214) 6	53-6988						
Email: vielica@	sbcglobal.net						
X. Supersedeas	Bond A Company of the						
Supersedeas bon	d filed: ☐ Yes No If yes, date filed:						
Will file: X Ye	s 🗍 No						
	Appellant is working on filing a bond or an alternative to a bond.						
XI. Extraordina	ry Relief						
Will you request	extraordinary relief (e.g. temporary or ancillary relief) from this Court? Yes No						
If yes, briefly sta	te the basis for your request:						
	Dispute Resolution/Mediation (Complete section if filling in the 1st, 2nd, 4th, 5th, 6th, 8th, 9th, 10th, 11th, 12th, 13th,						
or 14th Court o							
Should this appear	al be referred to mediation?						
If no, please spec	ify:						
Has the case been	n through an ADR procedure?						
If yes, who was t	he mediator?						
What type of AD	R procedure?						
At what stage did	the case go through ADR? Pre-Trial Dost-Trial Other						
If other, please sp	pecify:						
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):							
• •	the evidence to support liability; (2) Casteel error in the charge; (3) error in changing the ruling about the transfer date.						
•							
How was the cas	·						
·	of granted, including amount of money judgment, and if any, damages awarded.						
If money judgme	nt, what was the amount? Actual damages: \$216,597.00						
Punitive (or simi	lar) damages: \$0.00						

Attorney's fees (trial): \$185,578.00			
Attorney's fees (appellate): \$110,000.00			
Other:			
If other, please specify:			
Will you challenge this Court's jurisdiction?	⊠ No		
Does judgment have language that one or more parties "tal	ke nothing"? 🛛 Yes 🔲 N	No	
Does judgment have a Mother Hubbard clause? Yes	☐ No		
Other basis for finality?			
Rate the complexity of the case (use 1 for least and 5 for n	nost complex): 1 2	3 □4 □5	
Please make my answer to the preceding questions known	to other parties in this case.	☐ Yes 🔀 No	
Can the parties agree on an appellate mediator?	⊠ No		
If yes, please give name, address, telephone, fax and email	l address:		
Name Address	Telephone	Fax	Email
Languages other than English in which the mediator shoul			
Name of person filing out mediation section of docketing	statement: Scott P. Stolley		
XIII: Related Matters			
List any pending or past related appeals before this or any	other Texas appellate court b	y court, docket number	, and style.
Docket Number:	Trial Co	urt:	
Style:			
Vs.			

KIV. Pro Bono Program: (Complete section if filing in the 1st, 2nd, 3rd, 5th,	13th or 14th Court	s of Appeals)	H
The Courts of Appeals listed above, in conjunction with the State Bar of Texas Ap Associations, are conducting a program to place a limited number of civil appeals the appeal before this Court.			n
The Pro Bono Committee is solely responsible for screening and selecting the civid discretionary criteria, including the financial means of the appellant or appellee. It with appellate counsel, that counsel will take over representation of the appellant or regarding this program can be found in the Pro Bono Program Pamphlet available www.tex-app.org. If your case is selected and matched with a volunteer lawyer, you 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 your case and that pro bono counsel can be found to represent you. Accordingly, you this proceeding. By signing your name below, you are authorizing the Pro Bone information about your case, including parties and background, through selected in	f a case is selected by or appellee without c in paper form at the ou will receive a lett are Pro Bono Program you should not forego committee to transi	y the Committee, and can be matche harging legal fees. More information Clerk's Office or on the Internet at ear from the Pro Bono Committee with the Pro Bono Committee will select to seeking other counsel to represent mit publicly available facts and	d n thin et you
attorneys. Do you want this case to be considered for inclusion in the Pro Bono Program?	☐ Yes 🛭 No	o	
Do you authorize the Pro Bono Committee to contact your trial counsel of record in regarding the appeal? Yes No	in this matter to answ	ver questions the committee may have	⁄e
Please note that any such conversations would be maintained as confidential by the purposes of considering the case for inclusion in the Pro Bono Program.	e Pro Bono Committ	tee and the information used solely f	or
If you have not previously filed an affidavit of Indigency and attached a file-stamp the U.S. Department of Health and Human Services Federal Poverty Guidelines?	oed copy of that affid		6 of
These guidelines can be found in the Pro Bono Program Pamphlet as well as on th	e internet at http://as	spe.hhs.gov/poverty/06poverty.shtm	<u>l</u> .
Are you willing to disclose your financial circumstances to the Pro Bono Committed If yes, please attach an Affidavit of Indigency completed and executed by the appendiction on the internet at http://www.tex-app.org . Your participation in the Pro I an affidavit under oath as to your financial circumstances.	ellant or appellee. Sa	ample forms may be found in the Cle	
Give a brief description of the issues to be raised on appeal, the relief sought, and prejudice to the right to raise additional issues or request additional relief; use a se	• •	The state of the s	
QV. Signature			
Signature of counsel (or pro se party)	Date:	March 4, 2013	
	G	10001050	
Printed Name: Scott P. Stolley	State Bar No.:	19284330	
Electronic Signature: /s/ Scott P. Stolley (Optional)			

	300 角	25.36	200,000	Sea B	T. South St.	电热杂子 注	F 68 1280	阿里斯 克罗	SERVICE SERVICE	医视光线	g»
ă	engag.		7.7	24 July	+ Kanal	30.30	le o	7777	about 1	444	4
N	M-1	va B	40.0	and 4	20 T	0.00	100.00	6 500 00	OTHER	100	X2.
á	Parket.	SA 100	1100	883. AL			1000	CUP YES	2 86 9		3%

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 March 4, 2013

Signature of counsel (or pro se party)

Electronic Signature: /s/ Scott P. Stolley

(Optional)

State Bar No.: 19284350

Person Served

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

Please enter the following for each person served:

Date Served:

March 4, 2013

Manner Served: Email

First Name:

Kevin

Middle Name: T.

Last Name:

Schutte

Suffix:

Law Firm Name: Bracewell & Guiliani LLP

Address 1:

1445 Ross Avenue

Address 2:

Telephone:

Suite 3800

City:

Dallas

State

Texas

Zip+4: 75202-2724

(214) 758-1000 ext.

Fax:

(214) 758-1010

Email:

kevin.schutte@bgllp.com

If Attorney, Representing Party's Name: Luxor Contracting, Inc., d/b/a Luxor Staffing

Ver. 1.0 7/12

Please enter the following for each person served: Date Served: March 4, 2013 Manner Served: Email Lauren First Name: Middle Name: J. Last Name: Brown Suffix: Law Firm Name: Bracewell & Guiliani LLP 1445 Ross Avenue Address 1: **Suite 3800** Address 2: Dallas City: State Texas Zip+4: 75202-2724 (214) 758-1000 Telephone: ext. Fax: (214) 758-1010 Email: lauren.brown@bgllp.com If Attorney, Representing Party's Name: Luxor Contracting, Inc., d/b/a Luxor Staffing

Ver. 1.0 7/12

Please enter the following for each person served:

Date Served: March 4, 2013

Manner Served: Email

First Name: Tricia

Middle Name: R.

Last Name: DeLeon

Suffix:

Law Firm Name: Bracewell & Guiliani LLP

Address 1: 1445 Ross Avenue

Address 2: Suite 3800

City: Dallas

State Texas Zip+4: 75202-2724

Telephone: (214) 758-1000 ext.

Fax: (214) 758-1010

Email: tricia.deleon@bgllp.com

If Attorney, Representing Party's Name: Luxor Contracting, Inc., d/b/a Luxor Staffing

Ver. 1.0 7/12