

Appellate Docket Number: [Redacted]

Print Form

Appellate Case Style: [Redacted]

Vs. [Redacted]

Companion Case No.: [Redacted]

Add Another Companion Case No.

Delete Companion No.

Amended/corrected statement:

DOCKETING STATEMENT (Civil)

Appellate Court: [Redacted]

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

I. Appellant

Person Organization (choose one)

First Name: [Redacted]

Middle Name: [Redacted]

Last Name: [Redacted]

Suffix: [Redacted]

Pro Se:

II. Appellant Attorney(s)

Lead Attorney

First Name: [Redacted]

Middle Name: [Redacted]

Last Name: [Redacted]

Suffix: Pro Se

Law Firm Name: [Redacted]

Address 1: [Redacted]

Address 2: [Redacted]

City: [Redacted]

State: Texas Zip+4: [Redacted]

Telephone: [Redacted] ext. [Redacted]

Fax: [Redacted]

Email: [Redacted]

SBN: [Redacted]

Add Another Appellant / Attorney

III. Appellee

Person Organization (choose one)

First Name: [Redacted]

Middle Name: [Redacted]

Last Name: [Redacted]

Suffix: [Redacted]

Pro Se:

See other attorney attached.

IV. Appellee Attorney(s)

Lead Attorney

First Name: [Redacted]

Middle Name: [Redacted]

Last Name: [Redacted]

Suffix: [Redacted]

Law Firm Name: [Redacted]

Address 1: [Redacted]

Address 2: [Redacted]

City: [Redacted]

State: Texas New York Zip+4: [Redacted]

Telephone: [Redacted] ext. [Redacted]

Fax: [Redacted]

Email: [Redacted]

SBN: [Redacted]

Add Another Appellee / Attorney

III. Appellee	IV. Appellee Attorney(s)
<input type="checkbox"/> Person <input type="checkbox"/> Organization (choose one) First Name: <input type="text" value="Hearst Communications, Inc."/> Middle Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/> Pro Se: <input type="radio"/>	<input checked="" type="checkbox"/> Lead Attorney First Name: <input type="text" value="Jonathan"/> Middle Name: <input type="text"/> Last Name: <input type="text" value="Donnellan"/> Suffix: <input type="text"/> Law Firm Name: <input type="text"/> Address 1: <input type="text"/> Address 2: <input type="text"/> City: <input type="text"/> State: <input type="text" value="Texas"/> Zip+4: <input type="text"/> Telephone: <input type="text"/> ext. <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/> SBN: <input type="text"/> <input type="button" value="Add Another Appellee/Attorney"/>

III. Appellee	IV. Appellee Attorney(s)
<input type="checkbox"/> Person <input type="checkbox"/> Organization (choose one) First Name: <input type="text" value="Dylan Baddour; Hearst Corp."/> Middle Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/> Pro Se: <input type="radio"/>	<input type="checkbox"/> Lead Attorney First Name: <input type="text" value="Jonathan"/> Middle Name: <input type="text" value="H."/> Last Name: <input type="text" value="Hull"/> Suffix: <input type="text"/> Law Firm Name: <input type="text" value="Reagan Burrus PLLC"/> Address 1: <input type="text" value="401 Main Plaza, Suite 200"/> Address 2: <input type="text"/> City: <input type="text" value="New Braunfels"/> State: <input type="text" value="Texas"/> Zip+4: <input type="text" value="78130"/> Telephone: <input type="text" value="830/625-8026"/> ext. <input type="text"/> Fax: <input type="text" value="830/625-4433"/> Email: <input type="text" value="JHull@ReaganBurrus.com"/> SBN: <input type="text"/> <input type="button" value="Add Another Appellee/Attorney"/>

V. Perfection Of Appeal And Jurisdiction

Nature of Case (Subject matter or type of case): _____

Date order or judgment signed: _____ Type of judgment: _____

Date notice of appeal filed in trial court: _____

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 28): Yes No

If yes, please specify statutory or other basis on which appeal is accelerated:
Texas Civil Practice and Remedy Code Chapter 27 at 27.008(b)

Parental Termination or Child Protection? (See TRAP 28.4): Yes No

Permissive? (See TRAP 28.3): Yes No

If yes, please specify statutory or other basis for such status:

Agreed? (See TRAP 28.2): Yes No

If yes, please specify statutory or other basis for such status:

Appeal should receive precedence, preference, or priority under statute or rule: Yes No

If yes, please specify statutory or other basis for such status:

Does this case involve an amount under \$100,000? Yes No

Judgment or order disposes of all parties and issues: Yes No

Appeal from final judgment: Yes No

Does the appeal involve the constitutionality or the validity of a statute, rule, or ordinance? Yes No

VI. Actions Extending Time To Perfect Appeal

Motion for New Trial: Yes No If yes, date filed: _____

Motion to Modify Judgment: Yes No If yes, date filed: _____

Request for Findings of Fact and Conclusions of Law: Yes No If yes, date filed: _____

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: _____ None permitted under TCPRC 27. just runs from date of Clerk's Record or Reporter's Record which ever is later.

VII. Indigency Of Party: (Attach 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. 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

Court: _____

Clerk's Record:

County: _____

Trial Court Clerk: District County

Trial Court Docket Number (Cause No.): _____

Was clerk's record requested? Yes No

If yes, date requested: _____

Trial Judge (who tried or disposed of case):

If no, date it will be requested: _____

First Name: _____

Were payment arrangements made with clerk?

Middle Name: _____

Yes No Indigent

Last Name: _____

Suffix: _____

Address 1: _____

Address 2 : _____

City: _____

State: Texas Zip + 4: 78155

Telephone: _____ ext. _____

Fax: _____

Email: _____

Reporter's or Recorder's Record:

Is there a reporter's record? Yes No

Was reporter's record requested? Yes No

Was there a reporter's record electronically recorded? Yes No

If yes, date requested: _____

If no, date it will be requested: _____

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

- Court Reporter Court Recorder
 Official Substitute

First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
Address 1: _____
Address 2: _____
City: _____
State: Texas Zip + 4: _____
Telephone: 979-562-2877 ext. _____
Fax: 512.995.0491
Email: _____

Add Another
Reporter

X. Supersedeas Bond

Supersedeas bond filed: Yes No If yes, date filed: _____
Will file: Yes No None required.

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 1st, 2nd, 4th, 5th, 6th, 8th, 9th, 10th, 11th, 12th, 13th, or 14th Court of Appeal)

Should this appeal be referred to mediation? Yes No
If no, please specify: _____
Has the 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? This is a Libel action against a newspaper reporter and the owner of the newspaper
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):
Appellant's libel case was dismissed erroneously under the TX Citizen Participation Act TCPRC chap. 27. Appellant seeking remand to Trial Court. Standard of review should be de novo.
How was the case disposed of? Dismissed prior to discovery of any kind
Summary of relief granted, including amount of money judgment, and if any, damages awarded. NONE
If money judgment, what was the amount? Actual damages: NONE
Punitive (or similar) damages: NONE

Attorney's fees (trial): NONE

Attorney's fees (appellate): NONE

Other: NONE

If other, please specify: Appellant's time and energy

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?

Rate the complexity of the case (use 1 for least and 5 for most 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? Yes No None tried.

If yes, please give name, address, telephone, fax and email address:

Name	Address	Telephone	Fax	Email

Languages other than English in which the mediator should be proficient:

Name of person filing out mediation section of docketing statement: Ronald F. Avery

XIII. Related Matters

List any pending or past related appeals before this or any other Texas appellate court by court, docket number, and style.

Docket Number: Trial Court:

Style:

Vs.

Add Another Related Matter

XIV. Pro Bono Program: (Complete section if filing in the 1st, 3rd, 5th, or 14th Courts 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 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 an affidavit of Indigency and attached a file-stamped copy of that affidavit, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? Yes No

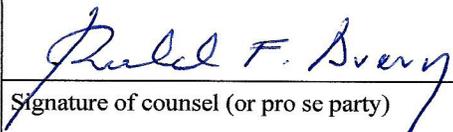
These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at <http://aspe.hhs.gov/poverty/06poverty.shtml>.

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

If yes, please attach an Affidavit of Indigency 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 an affidavit 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. Signature


Signature of counsel (or pro se party)

Date: April 7, 2016

Printed Name: Ronald F. Avery
Ronald F. Avery

State Bar No.:

Electronic Signature:
(Optional)

XVI. 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 **April 7, 2016** .

Paul F. Dwyer

Signature of counsel (or pro se party)

Electronic Signature: _____
(Optional)

State Bar No.: _____

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: **April 7, 2016**
Manner Served: **Cert. Mail RRR & Email**
First Name: **Jonathan**
Middle Name: _____
Last Name: **Donnellan**
Suffix: _____
Law Firm Name: **Hearst Corp. Off. of Gen. Counsel**
Address 1: **300 W. 57th Street 40th Floor**
Address 2: _____
City: **New York**
State **Texas NY** Zip+4: **10019**
Telephone: **212/841-7000** ext. _____
Fax: **212/554-7000**
Email: **jdonnellan@hearst.com**

Add Another Person Served

If Attorney, Representing Party's Name: **Hearst Communications, Inc.; Dylan Baddour**

FILED
 11:07 AM
 MAR 18 2016
 DEBRA CROW
 Clerk, Dist. Court, Guadalupe Co. Tx.

CAUSE NO. 15-2186-CV

RONALD AVERY,

Plaintiff,

vs.

DYLAN BADDOUR, AND
 HEARST COMMUNICATIONS, INC.,

Defendants.

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§
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§
§
§
§

IN THE DISTRICT COURT OF

GUADALUPE COUNTY, TEXAS

2ND 25TH JUDICIAL DISTRICT

**ORDER GRANTING DEFENDANTS' MOTION TO DISMISS PURSUANT TO
THE TEXAS CITIZENS PARTICIPATION ACT**

After considering Defendants Hearst Communications, Inc. and Dylan Baddour's, Motion to Dismiss Pursuant to the Texas Citizens Participation Act, Tex. Civ. Prac. & Rem. Code § 27.001, *et seq.*, the supporting declarations and exhibits thereto, the Plaintiff's response and supporting affidavit and supplements and exhibits thereto, the authorities cited, and the arguments made before the Court at the hearing held on March 10, 2016, the Court hereby GRANTS the motion.

Pursuant to the Court's letter dated March 16, 2016, it is hereby ORDERED that Plaintiff's Original Petition is DISMISSED with prejudice.

~~It is further ORDERED that Defendants are entitled to recover their court costs, reasonable attorney's fees, and other expenses incurred in defending against this action pursuant to Section 17.009(a) of the Texas Civil Practice and Remedies Code, and Defendants may move for an Order awarding such costs, fees, and expenses.~~

Wk

SIGNED this 18th day of March, 2016.

JUDGE PRESIDING

I, DEBRA CROW, Clerk of the District Courts, in Guadalupe County, Texas, certify this copy is true and correct as FILED & RECORDED in the Official Court Records of District Court. Given under my hand and seal of office in Seguin, Texas on the 18 day of March, 2016.

DEBRA CROW, District Clerk, Guadalupe County, Texas
 By [Signature]
 Deputy

