

(Revised 3/14)

FOR SOAH USE ONLY

(req.frm)

Date complete request received by SOAH: _____

Proceeding date set by SOAH: _____

SOAH Docket Number & type of case: _____

REQUEST TO DOCKET CASE (Please type or print)

REFERRING COUNTY APPRAISAL DISTRICT: _____ DISTRICT NO.: _____ DISTRICT FILE/CASE NO.: _____

DATE APPEAL FILED AT APPRAISAL DISTRICT: _____ DISTRICT DOCKET NO. SUFFIX: _____

NAME/STYLE OF THE CASE: _____

NAME OF PROPERTY OWNER WHO FILED AN APPEAL FROM A BOARD ORDER: _____

ADDRESS OR LEGAL DESCRIPTION OF THE SUBJECT PROPERTY: _____

PROPERTY CATEGORY: _____

THE APPRAISED VALUE OR MARKET VALUE OF THE SUBJECT PROPERTY IS MORE THAN \$1 MILLION: YES NO

THE SUBJECT PROPERTY IS INDUSTRIAL PROPERTY: YES NO

EXPECTED NUMBER OF HOURS NEEDED FOR HEARING: _____ HOURS

SPECIAL NEEDS OR ACCOMMODATIONS: _____

INTERPRETER NEEDED See 1 TAC § 155.407

NAME OF INDIVIDUAL SENDING REQUEST FORM: _____ PHONE NO.: _____ FAX NO.: _____

Email Address: _____

PARTIES AND REPRESENTATIVES

PARTY REPRESENTED BY: SELF ATTORNEY
 OTHER, If so, relationship: _____

REPRESENTATIVE'S NAME: _____

PARTY'S NAME: _____

ADDRESS: _____

PHONE No.: _____
(Direct Phone Number Please)

Email Address: _____

FAX No.: _____

PARTY REPRESENTED BY: SELF ATTORNEY
 OTHER, If so, relationship: _____

REPRESENTATIVE'S NAME: _____

PARTY'S NAME: _____

ADDRESS: _____

PHONE No.: _____
(Direct Phone Number Please)

Email Address: _____

FAX No.: _____

PLEASE LIST ADDITIONAL PARTIES AND/OR REPRESENTATIVES ON EXTRA FORM PROVIDED.

SEND TO: STATE OFFICE OF ADMINISTRATIVE HEARINGS
ATTN.: Deputy Clerk
William P. Clements Building
300 West 15th Street, Suite 504
Austin, Texas 78701

OR

Post Office Box 13025
Austin, Texas 78711-3025
Docketing Phone No. (512) 475-3445
Fax No. (512) 322-2061

ATTACH A COPY OF THE PROPERTY OWNER'S NOTICE OF APPEAL (INCLUDING THE BOARD ORDER) AND THE PROPERTY OWNER'S \$1500 FILING FEE.

BY FILING THIS REQUEST TO DOCKET, THE CHIEF APPRAISER IS REQUESTING THAT SOAH APPOINT AN ALJ TO HEAR THE APPEAL. THE ALJ WILL ISSUE A PREHEARING ORDER 30 DAYS PRIOR TO THE HEARING. THE ORDER WILL BE SENT TO THE CHIEF APPRAISER AND TO THE PROPERTY OWNER.

NAME/STYLE OF THE CASE: _____ DISTRICT FILE/CASE No., if any: _____

PLEASE ATTACH THIS FORM TO REQUEST IF ADDITIONAL PARTY AND/OR REPRESENTATIVES ARE NAMED.

<p>PARTY REPRESENTED BY: <input type="checkbox"/> SELF <input type="checkbox"/> ATTORNEY <input type="checkbox"/> OTHER, If so, relationship:</p> <p>REPRESENTATIVE'S NAME:</p> <p>PARTY'S NAME:</p> <p>ADDRESS:</p> <p>PHONE No : (Direct Phone Number Please)</p> <p>Email Address:</p> <p>FAX No.:</p>	<p>PARTY REPRESENTED BY: <input type="checkbox"/> SELF <input type="checkbox"/> ATTORNEY <input type="checkbox"/> OTHER, If so, relationship:</p> <p>REPRESENTATIVE'S NAME:</p> <p>PARTY'S NAME:</p> <p>ADDRESS:</p> <p>PHONE No. : (Direct Phone Number Please)</p> <p>Email Address:</p> <p>FAX No.:</p>
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<p>PARTY REPRESENTED BY: <input type="checkbox"/> SELF <input type="checkbox"/> ATTORNEY <input type="checkbox"/> OTHER, If so, relationship:</p> <p>REPRESENTATIVE'S NAME:</p> <p>PARTY'S NAME:</p> <p>ADDRESS:</p> <p>PHONE No : (Direct Phone Number Please)</p> <p>Email Address:</p> <p>FAX No.:</p>	<p>PARTY REPRESENTED BY: <input type="checkbox"/> SELF <input type="checkbox"/> ATTORNEY <input type="checkbox"/> OTHER, If so, relationship:</p> <p>REPRESENTATIVE'S NAME:</p> <p>PARTY'S NAME:</p> <p>ADDRESS:</p> <p>PHONE No. : (Direct Phone Number Please)</p> <p>Email Address:</p> <p>FAX No.:</p>