FIRST COURT OF APPEALS OF TEXAS AT HOUSTON

Revenew International LLC v. PSC Industrial Outsourcing, LP

Revenew v. PSC · No. 01-15-00320-CV · Decided April 10, 2015

OPINION

PER CURIAM.

ACCEPTED 01-15-00320-CV FIRST COURT OF APPEALS HOUSTON, TEXAS 4/10/2015 3:47:15 PM Appellate Docket Number: 01-15-00320-CV CHRISTOPHER PRINE CLERK Appellate Case Style: Revenew International, LLC Vs, PSC Industrial Outsourcing, LP FILED IN Companion Case No.: 1st COURT OF APPEALS HOUSTON, TEXAS 4/10/2015 3:47:15 PM CHRISTOPHER A. PRINE DOCKETING STATEMENT (Civil) Clerk Amended/corrected statement: Appellate Court: 1 st Court of Appeals (to be filed in the court of appeals upon perfection of upped under TRAP 32) 1.

Appellant 11. Appellant Attorney(s) • Person El Organization (choose one) g Lead Attorney Organization Name: Revenew International, LLC First Name: Lauren First Name: Middle Name: Middle Name: Last Name: Harrison Last Name: Suffix: Law Firm Name: jones Walker LLP Suffix: Pro Se: Q Address 1: 1001 Fannin Street, Suite 2450 Address 2: City: Houston State: Texas Zipl 1: 77002 Telephone: 713-437-1800 ext.

Fax: 713-437-1810 Email: larrison@joneswalker.com SBN: 24025840 I. Appellant 11. Appellant: M1orney(s) • Person 1111 Organization (choose one) Lead Attorney First Name: Lara First Name: Middle Name: Middle Name: Last Name: Pringle Last Name: Suffix: Suffix: Law Firm Name: Jones Walker LLP Pro Se: 0 Address 1: 1001 Fannin Street, Suite 2450 Address 2: Page 1 of 10 City: Houston State: Texas Zip+4: 77002 Telephone: 7134374890 ext.

Fax: 713-43771/110::: Email: 1Pririgic@j00swalker.com SBN: 24056164 I. Appellant IL Appellant Attorney(s) $ Person ❑ Organization (choose one) El Lead Attorney First Name: First Name: Middle Name: Middle Name: Last Name: Last Name: Suffix: Suffix: Law Firm Name: Pro Se: 0 Address 1: Address 2: City: State: Texas Zip+4: Telephone: ext. Fax: Email: SBN: III. Appetlee:IV Appellee: Attarney(s) Person Organization (choose one) Lead Attorney Organization Name: PSC Industrial Outsourcing, LP:: First Name: Todd First Name: Middle Name: Middle Name: Last Name: Mensing Last Name: Suffix: Suffix: Law Firm Name: Abinad, Zavitsanos, Anaipakos, Alavi & NAwrInit, re Pr: Pro Se: 0 Address 1: 1221 McKinney, Suite 3460 Address 2: City: Houston State: Texas Zip{4: 77010 Telephone: 713.7 655-1101 ext.

Fax: 713;655-0062 Email: tmensing@azalaw;corn SBN: 24013156 HI. Appellee IV. Appellee Attorney(s) Person Organization (choose one) Lead Attorney First Name: Adam: First Name:

Middle Name: Page 2 of 10 Middle Name: Last Name: Milasincic Last Name: Suffix: Suffix: Law Firm Name: Ahmad, Zayitsancis, AnaiPakos Alavi & Pro Se: 0 Address 1: 1221 McKinney, Suite 3460 Address 2: City: Houston State: Texas Zip+4: 77010 Telephone: 713-655-1101 ext.

Fax: 713-655-0062 Email: am ilasincic@Walaw cum SBN: 24079001 Page 3 of 10 V, Perfection Of Appeal And Jurisdiction Nature of Case (Subject matter or type of case): Other Date order or judgment signed: March 18, 2015 Type of judgment: Interlocutory Order Date notice of appeal filed in trial court: April 7, 2015 If mailed to the trial court clerk, also give the date mailed: April 7, 2015 Interlocutory appeal of appealable order: _a Yes 0 No If yes, please specify statutory or other basis on which interlocutory order is appealable (See TRAP 28): Tex, Prac. & Rem.

Code 51,014(x)(6) Accelerated appeal (See TRAP 28): Yes No If yes, please specify statutory or other basis on which appeal is accelerated: Tex. Prac. & Rem. Code 51.014(a)(6) 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: Accelerated appeal pursuant to Tex. Prac. & Rem, Code 51.0 I4(a) (6) Does this case involve an amount under $100,000? ❑ Yes No Judgment or order disposes of all parties and issues: • Yes 0 No Appeal from final judgment: ❑ Yes a No Does the appeal involve the constitutionality or the validity of a statute, rule, or ordinance?

0 Yes No VI. Actions Extending Time. To Perfect Appeal Motion for New Trial: ❑Yes No If yes, date filed: Motion to Modify Judgment: ❑Yes U No If yes, date filed: Request for Findings of Fact ❑ Yes No If yes, date filed: and Conclusions of Law: lYes No If yes, date filed: Motion to Reinstate: Motion under TROP 306a: 0 Yes No If yes, date filed: Other: ❑ Yes E No If other, please specify: 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 r/ No If yes, date filed: Date ruling on contest due: Ruling on contest: ❑ Sustained ❑ Overruled Date of ruling: Page 4 of 10 VIII. Bankruptcy Has any party to the court's judgment filed for protection in bankruptcy which might affect this appeal? ■ Yes a No If yes, please attach a copy of the petition.

Date bankruptcy filed: Bankruptcy Case Number: IX. Trial Court And Record Court: 281st Judicial District Clerk's Record: County: Harris County Trial Court Clerk: District ❑ County Trial Court Docket Number (Cause No.): 2013- 59946 Was clerk's record requested? Yes ❑ No If yes, date requested: April 10, 2015 Trial Judge (who tried or disposed of case): If no, date it will be requested: First Name: Sylvia Were payment arrangements made with clerk?

Middle Name: A. M"' Yes ❑No ❑Indigent Last Name: Matthews (Note: No request required under TRAP 34.5(a),(b)) Suffix: Address 1: Harris County Civil Courthouse Address 2: 201 Caroline, 14th Floor City: Houston State: Texas Zip i 4: 77002 Telephone: 713 - 368-6430 ext. Fax: Email: Reporter's or Recorder's Record: Is there a reporter's record? $ Yes No Was reporter's record requested? ❑Yes M 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?

III Yes ❑ No ❑Indigent Page 5 of 10 Court Reporter ❑ Court Recorder ❑ Official ❑ Substitute First Name: Middle Name: Last Name: Suffix: Address 1: Address 2: City: State: Texas Zip + 4: Telephone: ext. Fax: Email: X. Supersedeas Bond Supersedeas bond filed: ❑ Yes M No If yes, date filed: 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 1st, 2nd, 4th, 5th, 6th, 8th, 9th, 10th, 11th, 12th, 13th, or 14th Court of Appeal) Should this appeal be referred to mediation? ❑ Yes is 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? fl Fre-Trial ❑ Post - 1 rial E1 Other If other, please specify: Type of case?

Other 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): appeal of summary judgment denial on P's remaining claims for damages for business disparagement and tortious interference with contract; de novo review; relief sought is granting of summary judgment How was the case disposed of?

Summary Judgment Summary of relief granted, including amount of money judgment, and if any, damages awarded. summary judgment denied on remaining claims If money judgment, what was the amount? Actual damages: Punitive (or similar) damages: Page 6 of 10 Attorney's fees (trial): Attorney's fees (appellate): Other: If other, please specify: Will you challenge this Court's jurisdiction?

0 Yes El No Does judgment have language that one or more parties "take nothing"? Yes No Does judgment have a Mother Hubbard clause? 0Yes Eg No Other basis for finality? Automatic accelerated interlocutory appeal based on Tex. Prac. & Rem. Code 51.0 4(a)(6) Rate the complexity of the case (use 1 for least and 5 for most complex): 1 0 2 El 3 0 4 Ej 5 Please make my answer to the preceding questions known to other parties in this case.

El Yes Ei No Can the parties agree on an appellate mediator? Ei Yes No 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: None Name of person filing out mediation section of docketing statement: Lauren Harrison 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: None Trial Court: Style: Vs. Page 7 of 10 XIV. Pro Bono Program: (Complete section if filing in the Ist, 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 Listsery to its pool of volunteer appellate attorneys.

Do you want this case to be considered for inclusion in the Pro Bono Program? El Yes El 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? El 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? El Yes Ei No These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at ht aspe.lihsw\:Rovertv06p()% shtnil.

Are you willing to disclose your financial circumstances to the Pro Bono Committee? El Yes El 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 frtv:riwww.te.N-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: 41/0//5.— Printed Name: cuirt.A. th State Bar No.: 4- 2, 1641.0 Electronic Signature: (Optional) Page 8 of 10 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 10, 2015 Signature of counsel (or pro se party) Electronic Signature: (Optional) State Bar No.: 24025840 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 10, 2015 Manner Served: Email First Name: Todd Middle Name: Last Name: Mensing Suffix: Law Firm Name: Ahmad, Zavitsanos, Anaipakos, Ala vi & Mani/ Address L 1221 McKinney, Suite 3460 Address 2: City: Houston State Texas Zip+4: 77010 Telephone: 713-655-1101 ext.

Fax: 713-655-0062 Email: tmensing@azalaw.com If Attorney, Representing Party's Name: PSC Industrial Outsourcing, LP Please enter the following for each person served: Page 9 of 10 Date Served: April 10, 2015 Manner Served: Email First Name: Adam Middle Name: Last Name: Milasincie Suffix: Law Firm Name: Ahmad, Zavitsanos, Anailiakos, Ala & Manta Address 1: 1221 McKinney, Suite 3460 Address 2: City: Houston State Texas Zip+4: 77010 Telephone: 713-655-1101 ext.

Fax: 713-655-0062 Email: am ilasincic@azalaw.Com If Attorney, Representing Party's Name: PSC Inclustrial..Qu. soui-eing, LP > • Page 10 of 10