

TEXOMA

Dispute Resolution Center

MEDIATION REQUEST FORM

Please Return Form Via Fax to: **972-837-2923**

Or Email to mediation@texomadrc.org

**Please note that the Administrative Filing Fee of \$25.00 per party is due prior to the mediation being scheduled.
The Administrative Filing Fee is non-refundable.**

Date of Request: _____ Type of Case: _____

Style and Cause # if applicable: _____

State: _____ County: _____ Court Ordered? ____ Specifically Ordered to Texoma DRC? ____

Mediation Deadline: _____ Trial Date: _____

Disputing Parties:

1) Legal Name: _____

Role: ____ Petitioner ____ Plaintiff ____ Respondent ____ Defendant ____ Other

Represented by (if applicable): _____

Phone: _____ Email: _____

Fax: _____ Address: _____

2) Legal Name: _____

Role: ____ Petitioner ____ Plaintiff ____ Respondent ____ Defendant ____ Other

Represented by (if applicable): _____

Phone: _____ Email: _____

Fax: _____ Address: _____

3) Legal Name: _____

Role: ____ Petitioner ____ Plaintiff ____ Respondent ____ Defendant ____ Other

Represented by (if applicable): _____

Phone: _____ Email: _____

Fax: _____ Address: _____

****Add additional parties on a separate page****

Issues in Dispute: *The more information you can provide, the better...*

Previous Offers Exchanged: *Information as to why the offer was not accepted is helpful as well...*

Suggested/Requested Dates for Mediation: _____

Have these dates been approved by the other parties? _____

Included Documents, if applicable: *please circle*

Mediation Order General Pleadings Supporting Documents Social Study

History of Mental Illness or Active Drug Use (*please specify*)? _____

For Family Cases Only:

History of Family Violence or Protective Orders? _____ Social Study? _____

(if yes on either, please include a copy with this request)

Name of person submitting request: _____

Phone Number: _____ **Email:** _____

Texoma Dispute Resolution Center | Phone: 972-900-6185 | Fax: 972-837-2923

<http://www.texomadrc.org>