DISPUTE RESOLUTION CENTER OF JEFFERSON COUNTY
REQUEST FOR FAMILY MEDIATION – OTHER COUNTY

Complete this form and return it to our office. Information you provide will be kept confidential.

Your Name: _____ **Age:** _____ **Race:** _____

Address: _____
Street City State Zip

Email Address: _____

Home Phone: _____ **Office Phone:** _____ **Other Phone:** _____

Marital Status Now: _____ **Married** _____ **Separated** _____ **Divorced** _____ **Never Married**

Ex-Spouse/Parent Name: _____ **Age:**_____ **Race:** _____

Address: _____
Street City State Zip

Email Address: _____

Home Phone: _____ **Office Phone:** _____ **Other Phone:** _____

Marital Status Now: _____ **Married** _____ **Separated** _____ **Divorced** _____ **Never Married**

CHILDREN: Please list name and ages of children involved in this matter _____

_____

Any history of family violence, drug abuse or mental illness? YES ____ NO ____ If yes, explain: _____

_____

What issues, in particular, do you want to discuss in mediation? _____

_____

_____

_____

_____

Your mediation session will be scheduled for the next available Thursday evening at 6:00 p.m. at the Jefferson County Courthouse. We will mail you confirmation of the date, instructions of where to report and guidelines for the session.

Will this be a convenient time for you? Yes _____ No_____(We will contact you to consider other dates/times)

Who referred you to the Center? _____ **Your Signature:** _____

A $10.00 non-refundable scheduling fee is required to set up your file.
If mediation occurs, $20 will be due from each party no later than the day before your mediation date.
If you are unable to pay these fees, contact the DRC staff at 835-8747 to request an affidavit of inability to pay.

Return this form and $10.00 scheduling fee, paid by check*, money order or cashiers' check, made payable to:
Dispute Resolution Center
County Courthouse- Annex 1
215 Franklin, Suite 131A
Beaumont, TX 77701

Phone (409) 835-8747 or (409) 727-2191, ext. 8747 Fax: (409) 784-5811