



DISPUTE RESOLUTION CENTER OF JEFFERSON COUNTY

Jefferson County Courthouse-Annex 1 ♦ 215 Franklin, Ste 131A, Beaumont, TX 77701
Phone: (409) 835-8747 ♦ Fax: (409) 784-5811 ♦ Website: www.co.jefferson.tx.us

SUBMITTING A CASE NOT FILED IN COURT

Thank you for considering mediation in this case. We look forward to the opportunity to work with you to assist in resolving this matter.

CONTACT THE DRC FOR AVAILABLE DATES AND TIMES FOR MEDIATION:

*Mediation sessions are available every other Thursday evening at 6:00 p.m.
Sessions are also available Monday – Friday from 9:00 a.m. to 1:00 p.m., and 1:00 p.m. to 5:00 p.m.,*

Please contact the DRC to receive available dates and times for mediation

COMPLETE THE DATA SHEET:

- Please provide contact information for all parties; include address, email, and phone numbers
- Please list **all** attorneys of record and any other participants (insurance adjusters, real estate agents, ad litem, etc.) to be included in the mediation.

RETURN CASE DATA SHEET BY MAIL OR FAX TO:

Dispute Resolution Center
215 Franklin, Suite 131A
Beaumont, TX 77701
(409) 784-5811 fax

Once the DRC receives the Case Data Form, confirmation notices will be mailed to all participants.

MEDIATION FEE FOR CASES NOT FILED IN COURT:

Mediation fees are due on or before the date of the mediation. Mediation fees may be paid by check or money order, payable to the Dispute Resolution Center.

- Jefferson County Cases Not Filed in Court: \$20 per party
- Out of County Cases Not Filed in Court: \$40 per party

If you are unable to pay the mediation fee, please contact the DRC to request a fee waiver.

**Please contact the Dispute Resolution Center, at (409) 835-8747,
if you have any questions or need additional information.
We look forward to working with you on this case.**



Dispute Resolution Center of Jefferson County Request for Mediation

Your Name _____

Address _____
Street City State Zip

Phone Numbers: _____ Email Address: _____

Please provide us contact information for the individual or organization you are complaining against:

Name(s) _____

Address _____
Street City State Zip

Phone Numbers: _____ Email Address: _____

What is your association with the opposing party? _____

Date of Incident: _____

Briefly describe your complaint (Please attach additional pages if necessary: _____

How would you like this issue resolved? _____

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)

Do you have a lawyer for this case? Yes No If yes, name of your attorney: _____

Who referred you to the DRC? _____

Your Signature: _____ Date: _____

There is a non-refundable fee of \$20 for cases submitted to our agency by parties living in Jefferson County. Cases are accepted from all counties. The fee for out-of-county cases is \$40.

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 \$20 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

*\$25 return check fee