

Dispute Resolution Center

HARRIS COUNTY

For Office Use Only

File Number: 20 - _____ - C Mediation Date: _____ Time: _____

Welcome to Dispute Resolution Center (DRC). Our goal is to assist you in finding a resolution to your dispute through mediation. Mediations are held at our offices Monday through Thursday evenings. We will contact you to schedule the date and time. Please read and follow the instructions carefully. If you have any questions, please call (713) 755-8274 and ask to speak with a Case Manager.

Section A: *Your information*

Please **clearly print your** full name, mailing address and daytime telephone number.

Name: _____	Today's Date: _____
Address: _____	City: _____
State: _____ Zip Code: _____	Home Phone: _____ Work: _____
Cell Number: _____	Email Address: _____

Section B: *The person or company with whom you are having a dispute*

You must provide an accurate mailing address where we may contact the person/company. Failure to provide this information will significantly decrease our chances of contacting the person/company to confirm their attendance for the scheduled mediation. If your complaint is against a company, please indicate the name of the representative you have been working with.

Name: _____	
Address: _____ City: _____	
State: _____ Zip Code: _____	Home Phone: _____ Work: _____
Cell Number: _____	Language Spoken: _____

Please list any additional parties in Section E

How did you hear about the DRC? _____

How long has this dispute been going on? _____



Section C: Briefly describe the dispute. Example: auto repair, neighbor dispute, debt, etc.

Section D: Briefly state how you would like this dispute to be resolved

Section E: If there is more than one person involved in this dispute and you wish for them to attend the mediation, use this space to add their names, addresses, and phone numbers

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Work: _____

Cell Number: _____ Indicate person's role in the dispute: _____

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Work: _____

Cell Number: _____ Indicate person's role in the dispute: _____

Section F: OPTIONAL

In order to better serve our community, we ask that you please consider answering the following question to be used for DRC statistical purposes only.

Please check the box below that best applies to you:

- Spanish/Hispanic/Latino White Black American Indian Asian
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Although it is not necessary, each person may choose to be represented by an attorney. Please note that the DRC does not provide attorneys or legal counsel. Please inform a Case Manager if you are planning bring an attorney to your mediation.

The DRC welcomes the opportunity to be of service to you!