

# Dispute Resolution Center

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HARRIS COUNTY

## Family Mediation Request (to be completed by EITHER petitioner's or respondent's legal counsel or pro se (not represented by an attorney) party)

ALL INFORMATION PROVIDED ON THIS INTAKE FORM (WHETHER TRANSMITTED TO THE DRC VIA MAIL, FAX OR SUBMITTED ONLINE) SHALL REMAIN CONFIDENTIAL AND WILL NOT BE SHARED WITH OPPOSING PARTIES OR THEIR LEGAL COUNSEL.

THE DISPUTE RESOLUTION CENTER CAN NOT MEDIATE A CASE IN WHICH THE COMBINED INCOME OF BOTH PARTIES EXCEEDS \$80,000.

**Please list (if applicable) the complete style, cause number, and the referring court for this case**  
(Example: In the Matter of John Doe and Jane Doe and in the Interest of Sarah Doe and Michael Doe, Minor Children, Cause No. 2012-1234, in the xxxth District Court):

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**Was mediation ordered by the court in this case?**    Yes    No    Not sure

**Mother/Wife:**

**Father/Husband:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Age: \_\_\_\_ Gross Income/Yr. \_\_\_\_\_

Age: \_\_\_\_ Gross Income/Yr. \_\_\_\_\_

**Attorney for Mother/Wife:**

**Attorney for Father/Husband:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Attorney for Other:**

**Ad Litem / GAL:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Is the Office of the Attorney General involved in this case?**  Yes  No

If you answered Yes, please provide the following information:

Attorney Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child(ren):**

Name / Age: \_\_\_\_\_

Name / Age: \_\_\_\_\_

Name / Age: \_\_\_\_\_

Name / Age: \_\_\_\_\_

**Type of Case:**  Divorce  Modification

Other: \_\_\_\_\_

**Date of Marriage:** \_\_\_\_\_

**Date of Separation:** \_\_\_\_\_

**Temporary Orders:**  Yes  No

**Date of Temp. Orders:** \_\_\_\_\_

**Children are currently residing with:**  Mother  Father  Other: \_\_\_\_\_

**Active CPS case:**  Yes  No

**Current protective order:**  Yes  No

**If current protective order, against whom:**  Mother  Father  Other

**Issues to be mediated:**  Custody  Child Support  Visitation  Property

Other: \_\_\_\_\_

The DRC mediates Family Cases Monday through Thursday, beginning at 9:00 AM and 1:00 PM, and Friday beginning at 9:00 AM.

Parties unable to mediate in English will need to bring a translator. **The DRC does not provide translation services.**

**Please contact opposing counsel to coordinate a date for scheduling mediation.**

Please call the DRC at (713) 755-8274 and ask for the Family Department if you are not represented by an attorney (**pro se**).

Parties not represented by an attorney (pro se) will be required to sign the DRC's "**Unrepresented Party Agreement to Mediate**" before the mediation begins. Refusal to sign will cancel the mediation. Visit our website at [www.drchouston.org](http://www.drchouston.org) and open "**Unrepresented Parties**" in the left tab of the Home Page.

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