

DISPUTE RESOLUTION CENTER OF JEFFERSON COUNTY
REQUEST FOR MEDIATION / OTHER COUNTY

Your Name _____

Address _____
Street City State Zip

Email Address: _____

Sex ___ Race ___ Age ___ Phones () _____ () _____ () _____

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

Name(s) _____

Address _____
Street City State Zip

Email Address: _____

Sex ___ Race ___ Age ___ Phones () _____ () _____

What is your association with them: _____ Date of Incident: _____

Briefly describe the nature of your complaint (attach additional pages if necessary): _____

What do you want to happen to solve this problem? _____

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, who? _____

Who referred you to the Center? _____

Your Signature: _____ Date: _____

There is a non-refundable fee of \$40 for cases submitted to our agency.

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 \$40 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