

**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: \_\_\_\_\_

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