

**DISPUTE RESOLUTION CENTER OF JEFFERSON COUNTY  
REQUEST FOR MEDIATION**

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 \$20 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 \$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