

DISPUTE RESOLUTION CENTER OF JEFFERSON COUNTY

*Thank you for considering mediation in this action. We look forward to the opportunity to work with you.
Please follow instructions below to submit your case.*

Instructions to Submit a Case

CONFIRM DATE AND TIME FOR MEDIATION:

- Contact opposing counsel to be sure they are available for the time requested.
- Contact your client(s) to confirm their availability.
- Be certain that the DRC is also available – call 835-8747.

COMPLETE THE DATA SHEET:

- List all attorneys of record and any other participants (insurance adjusters, ad litem, etc.) to be included in the mediation.
- Please provide contact information for all parties; include mailing address, email and phone numbers.

Return Data Sheet and Scheduling Fee:

- Mail Data Sheet and Scheduling Fee (\$25 for cases pending in Jefferson County or \$50 for out-of-county cases) to:

Dispute Resolution Center
215 Franklin, Suite 131A
Beaumont, TX 77701

Once staff receives data form and scheduling fee, notices will be mailed to all participants.

Mediation Fee:

- Mediation fee can be paid by check or money order payable to the Dispute Resolution Center and is due on or before the date of mediation.

Jefferson County cases: \$150 per party

Out of County cases: \$300 per party

Please note: Attorneys are responsible for mediation fees. Our agreement to mediate is made with the attorneys of record, not the individual clients.

Questions? Contact (409) 835-8747

DISPUTE RESOLUTION CENTER OF JEFFERSON COUNTY
CASE DATA FORM

CAUSE NO: _____

In the _____ Court of _____ County, Texas

Full Style of Case: _____

Plaintiff Atty: _____
Address: _____
City & Zip Code: _____
Phone: _____ Fax _____
Email Contact: _____

Plaintiff Info (Name, Address, City & Zip):

Resp/Def Attorney _____
Address: _____
City & Zip Code: _____
Phone: _____ Fax _____
Email Contact: _____

Resp/Def Info (Name, Address, City & Zip):

All Other Attorneys of Record:
Name: _____
Address: _____
City & Zip Code: _____
Phone: _____ Fax _____
Email Contact: _____

Date of Incident: _____

Date Suit Filed: _____

Type of Case (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Divorce (Property Only) | <input type="checkbox"/> Divorce (Custody only) | <input type="checkbox"/> Divorce (Division of property and custody) |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Property Law | <input type="checkbox"/> Family – Modification |
| <input type="checkbox"/> Probate | <input type="checkbox"/> Workers Comp | <input type="checkbox"/> Family (Other): _____ |
| <input type="checkbox"/> Business/Commercial | <input type="checkbox"/> Personal Injury (Vehicle) | <input type="checkbox"/> Personal Injury (Not involving motor vehicle) |
| <input type="checkbox"/> Other: _____ | | |

Name and Address of Insurance Carrier(s): _____

Is any party to this case a state or local government agency: Yes No
If yes, which party: _____

Is any party to this suit in bankruptcy? Yes No If yes, which party? _____

Settlement Negotiations: Negotiation Initiated Negotiation NOT initiated

Statement of Position Enclosed: Yes No, to be forwarded prior to Mediation session

Have Inventory Lists been exchanged? Yes No, to be included in Stmt of Position

Will this case need more than a 4-hour session? Yes No

Date agreed upon by both attorneys: _____ 9:00 a.m. / 1:00 p.m.

Name of attorney submitting case: _____