

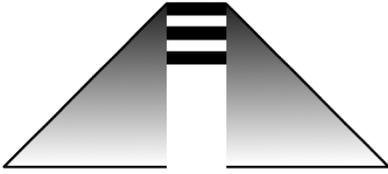
FORT BEND COUNTY DISPUTE RESOLUTION CENTER

❖ 211 Houston Street ❖ Richmond, Texas 77469 ❖
❖ Phone: 281-342-5000 ❖ Fax: 281-232-6443 ❖
❖ E-mail: fortbenddrc@aol.com ❖
www.fortbenddrc.org

CIVIL MEDIATION REQUEST INSTRUCTIONS

The Fort Bend County Dispute Resolution Center (DRC) offers mediation services at a reduced fee for many civil conflicts for citizens in Fort Bend and surrounding counties. Some of these civil issues include, but are not limited to landlord-tenant disputes, business issues, neighborhood disputes, property damage or infringement issues, property damage automobile accidents, and similar problems. Individual participants are charged a fee based on their gross household income. Business entities are charged a flat fee. Attached you will find a Civil Mediation Intake Form for your completion.

1. Eligibility - In order to be eligible for a civil mediation to be conducted through the Reduced Fee Program provided by the Fort Bend County DRC, the amount in controversy may not exceed \$25,000.
2. The party initiating mediation will be required to include a \$10 non-refundable application fee. The application fees are applied to the mediation session fees.
3. If the case in dispute meets the eligibility requirements, please fill out the Civil Mediation Intake Form completely and legibly. The addresses provided for the parties and their counsel should be mailing addresses – business address for a business disputes, and home (not work) address for a dispute with a private individual. If the dispute involves rental property, please include the name and mailing address of the owner or management company of that property, unless the local on-site managers have settlement authority.
4. Each individual party's mediation cost is based on the annual gross household income of the party. You must provide the gross annual income for each of the parties. Businesses are assessed a flat fee of \$100. Payments are only accepted in the form of cash, cashier's check, money order or attorney's check. *No personal checks are accepted from the parties.* Fees are assessed per party, per session, payable to the Fort Bend County DRC, and will be collected prior to the start of the mediation. Non Fort Bend County residents and businesses are assessed an additional \$15.00 to their mediation fees.
5. The completed Civil Mediation Intake Form and application fee must be received by the DRC prior to scheduling mediation. You may return the form via fax (281) 232-6443, email fortbenddrc@aol.com or mail 211 Houston Street, Richmond, Texas 77469.
6. All parties must agree to the mediation date/time prior to any confirmation being sent for the mediation.
7. Mediations are typically scheduled for half-day beginning at 9:00 a.m. or 1:00 p.m. Monday through Friday.
8. If the parties do not qualify for mediation to be conducted through the Reduced Fee Program offered by the DRC, upon request, the DRC will provide you with free information regarding private mediators.
9. If you have any questions, please contact the DRC at (281) 342-5000.



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DRC# _____

CIVIL MEDIATION INTAKE FORM

This form is to be completed and returned to the DRC via Email at fortbenddrc@aol.com, Fax (281)232-6443 or Mail to Fort Bend County Dispute Resolution Center, 211 Houston Street, Richmond, Texas 77469. If you have questions, please call our intake coordinator at (281) 342-5000.

Date: _____

Case Number: _____ Court: _____ Judge: _____ County: _____ [] Case Not Yet Filed

Case Style: _____

The Parties & Attorneys Agree to, and Request Mediation Be Scheduled on _____ at 9 am / 1 pm (circle one)

PARTIES: (If necessary, attach a separate sheet listing any additional parties and their respective legal counsel).

Plaintiff(s): _____

Defendant(s): _____

*Address: _____
Street Address

City, State, Zip

*Address: _____
Street Address

City, State, Zip

Tel: _____ Fax: _____

Tel: _____ Fax: _____

Email: _____

Email: _____

*Gross Household Income: _____

*Gross Household Income: _____

ATTORNEY INFORMATION: (Please complete if party represented by counsel):

Plaintiff(s) Attorney: _____

Defendant(s) Attorney: _____

Address: _____
Street Address

City, State, Zip

Address: _____
Street Address

City, State, Zip

Tel: _____ Fax: _____

Tel: _____ Fax: _____

Email: _____

Email: _____

CASE TYPE:

- [] Personal injury damage (involving / other than) a motor vehicle. [] Business [] Consumer / Merchant
[] Employment [] Landlord / Tenant [] Neighborhood / Community [] Other: _____

Brief description of the case, including what relief, damages, or special damages are being sought: _____

Special Accommodations: Do any of the parties require any special accommodations (i.e., physical limitations, etc.) Yes No

If yes, please describe: _____

Translator needed? Yes No If yes, for what language? _____

Dated this _____ day of _____, 2015.

Petitioner/Respondent Signature

and/or

Attorney Signature

DRC mediators are volunteers. In consideration of their time and that of all parties concerned, please notify the DRC at least 48 hours in advance if you are unable to attend the session.

If you have further questions, feel free to call the DRC at 281-342-5000.

ONLY PARTIES AND THEIR ATTORNEYS ARE PERMITTED IN THE MEDIATION.

Children, pets, firearms, recording devices, and photography are not permitted on the premises.

***PARTIES WHO FAIL TO APPEAR OR FAIL TO CANCEL MEDIATION AT LEAST 48 HOURS
IN ADVANCE ARE LIABLE FOR FULL PAYMENT.***