

FORT BEND COUNTY DISPUTE RESOLUTION CENTER

Where Conflict Meets Solution

FAMILY MEDIATION INTAKE FORM – REQUIRED BY EACH PARTY

[CONFIDENTIAL – FOR USE BY DRC ONLY]

DRC# _____ (this is for DRC staff use only)

EACH PARTY IS REQUIRED COMPLETE EACH PAGE OF THIS INTAKE FORM IN ITS ENTIRETY and return the completed intake, along *with your two most recent paystubs or other proof of income*, to the DRC via email at fortbenddrc@aol.com, or by regular mail to 211 Houston Street, Richmond, Texas 77469. A separate intake form must be completed and returned from each party prior to the DRC scheduling the mediation session. Parties involved in Court Ordered mediations are also required to complete and return the intake form.

Date: _____ Case Not Yet Filed Court Ordered Yes No

If you are requesting mediation pursuant to a Court's Order, each party is still required to complete the intake form, and you must provide a copy of the Order signed by the Judge, or the docket entry within 3-days of the Order, otherwise, the DRC is not able to guarantee the mediation session will be conducted within the time directed in the Court's Order.

Case Number: _____ Court: _____ Judge: _____ County: _____

Full Style of Case: _____

Requested Mediation Date _____ at 9 am / 1 pm Request to Conduct In Person Zoom

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

Petitioner: _____

Respondent: _____

Address: _____

Street Address

Address: _____

Street Address

City, State, Zip

City, State, Zip

Phone: _____

Phone: _____

Email: _____

Email: _____

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

Petitioner's Attorney: _____

Respondent's Attorney: _____

Address: _____

Street Address

Address: _____

Street Address

City, State, Zip

City, State, Zip

Phone: _____

Phone: _____

Email: _____

Email: _____

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"/> Paternity | <input type="checkbox"/> Child Support | <input type="checkbox"/> Child Support and Possession and Access |
| <input type="checkbox"/> Modification of Current Order | <input type="checkbox"/> Grandparent Rights | <input type="checkbox"/> Other |

Are you mediating for (select one): Temporary Orders Final Orders Other _____

FINANCIAL ISSUES (FOR DIVORCE CASES ONLY):

a. Estimated *Gross* Value of Marital Estate: _____

b. Check all that may apply:

- | | | |
|---------------------------------------------------------|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Annuities | <input type="checkbox"/> IRAs (Trad/Roth) | <input type="checkbox"/> Retirement Accounts |
| <input type="checkbox"/> Business Ventures | <input type="checkbox"/> Pending Lawsuits | <input type="checkbox"/> Stock Options |
| <input type="checkbox"/> CDs | <input type="checkbox"/> Pensions | <input type="checkbox"/> Tax Issues |
| <input type="checkbox"/> Cemetery Plots | <input type="checkbox"/> Real Property | <input type="checkbox"/> Waste of Assets |
| <input type="checkbox"/> Financial Accounts | <input type="checkbox"/> Reimbursement Issues | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community v. Separate Property | <input type="checkbox"/> Rental Property | |

Are Children Involved? Yes No If yes, please list Name, Sex, Date of Birth and Residence of Each Child:

a. _____
Name Sex Age Residence (i.e., mom, dad, etc)

b. _____
Name Sex Age Residence (i.e., mom, dad, etc)

c. _____
Name Sex Age Residence (i.e., mom, dad, etc)

d. _____
Name Sex Age Residence (i.e., mom, dad, etc)

Amicus / Ad Litem for the children: No Yes If yes, please provide the following:

Amicus/Ad Litem: _____

Address: _____
Street Address City, State, Zip

Tel: _____ Email: _____

Is the Office of the Attorney General Involved: Yes No If Yes, please provide the following:

OAG Attorney's Name: _____ Email: _____

Areas of Greatest Concern and Resolution Desired: _____

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

If yes, please describe: _____

By signing below, you are certifying that the information you have provided herein is true and correct. You are further stating that you understand that parties who fail to appear or fail to cancel mediation at least 48 hours in advance are liable for payment in full.

Dated this ____ day of _____ 20____.

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.***

Mediations are conducted in English Only.

If an interpreter is needed, you must provide your own interpreter who is approved by the other party.

Las mediaciones se llevan a cabo sólo en inglés.

Si se necesita un intérprete, debe proporcionar su propio intérprete que sea aprobado por la otra parte.

****If a party fails to provide a completed intake form the DRC will not consider that party's cost of the mediation session utilizing its income-based scale, and that party's fee for the mediation session will automatically be \$350.00 per session, for up to four (4) hours.***

**TO BE COMPLETED FOR ALL FAMILY MEDIATION SESSIONS
REGARDLESS OF CASE TYPE**

CASE NO. _____

**IN THE MATTER OF
THE MARRIAGE OF**

§
§
§
§
§
§
§
§
§
§

IN THE DISTRICT COURT

AND

_____ **TH JUDICIAL DISTRICT**

AND IN THE INTEREST OF

FORT BEND COUNTY, TEXAS

INCOME AND EXPENSE INFORMATION FOR MEDIATION

[CONFIDENTIAL – FOR USE BY DRC ONLY AND NOT TO BE SHARED WITH THE OPPOSING PARTY]

This statement is submitted by _____

(For Divorce Cases)

1. Date of marriage: _____

2. Date of separation: _____

(For Cases Involving Children)

3. Age(s) of child(ren) of this case: _____, _____, _____, _____, _____, _____

4. Your occupation: _____

5. Your Gross earnings from all sources of income each month \$ _____

(Including employment, secondary employment, self-employment, social security benefits, child support, spousal support, disability, VA benefits, retirement, and any other government benefits).

6. Other Party's occupation: _____

7. Other Party's Income: _____

8. Necessary monthly living expenses:

House payment or rent \$ _____

(include second mortgage, insurance,
taxes, condominium assessments)

Utilities including elec., gas, water, sewage) \$ _____

Cable/Internet \$ _____

Food/Groceries including school lunches \$ _____

Childcare/Tuition \$ _____

Car payments and auto insurance \$ _____

Gasoline, oil, parking, bus fares, tolls, repairs \$ _____

Health and life insurance premiums \$ _____
 (do not include company-paid insurance)
 Uninsured medical and drug expenses \$ _____
 Uninsured dental and orthodontic expenses \$ _____
 Clothing and laundry \$ _____
 Telephone (cellular/home) \$ _____
 Personal (entertainment, adult education, etc.) \$ _____
 Attorney's fees \$ _____

Sub Total of all items listed in #8 \$ _____

9. Debts (not including house mortgage and car payments):

Creditor	Balance of Debt	Minimum Monthly Payment
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Sub Total of minimum monthly payment of all items listed above in #9 \$ _____

Total of #8 and #9 \$ _____

10. Funds and assets readily convertible into cash in your control:
 Accounts in financial institutions \$ _____
 (banks, savings and loans, credit unions, certificates of deposit)
 Stocks and bonds \$ _____

11. Child presently living with: _____

12. Number of other children *not part of this case* whom you are Court Ordered to pay child support: _____.

SIGNED on _____.

 Your Signature

(Remember to attach 2 most recent pay stubs or other proof of income, i.e., award letters, proof of government assistance, indigency affidavit, retirement benefits, or other documents that verify your source of monthly income)