

FORT BEND COUNTY DISPUTE RESOLUTION CENTER

Where Conflict Meets Solution

FAMILY MEDIATION REQUEST INSTRUCTIONS

MEDIATIONS WILL NOT BE SCHEDULED UNTIL THE REQUIRED INTAKE & INCOME VERIFICATION DOCUMENTS ARE RECEIVED FROM EACH PARTY

The Dispute Resolution Center Family Mediation Program is unable to accept cases in which the combined income of the parties exceeds \$90,000 and/or there is an open CPS investigation.

The Fort Bend County Dispute Resolution Center (DRC) offers mediation services at a reduced fee qualifying parties involved in cases involving family law issues for citizens in Fort Bend and surrounding counties. Some issues may include, but are not limited to divorce, visitation and child support, parent-child relationships, modifications of current orders, and other domestic relations issues.

1. In order to verify eligibility, the party, or their attorney will need to provide the DRC with the attached intake form, along with verification of the party's income for the previous year and the current year. Proof of income may be provided in the form of the prior year's W2, 1099, etc., or federal income tax return, and a copy of the party's most recent paystub. If a party is unemployed, receiving unemployment, disability income, or retirement income, the party is still required to provide documentation showing proof earnings from these sources. Mediation will not be scheduled until proof of income is received for all parties requesting mediation.
2. If the case in dispute meets the eligibility requirements, a party, or attorney on behalf of a party, must complete the family mediation intake form as thoroughly as possible, and include current contact information for the parties and attorneys (if party is represented by counsel).
3. The cost of a family mediation is **\$50.00 per party**, per half-day session for Fort Bend County residents, and **\$65.00 per party**, per half-day session for non-Fort Bend County residents. Payments are only accepted in the form of cash or attorney's check. Fees are payable to the Fort Bend County DRC. *No personal checks are accepted from the parties.*
4. The completed Family Mediation Intake Form, verification of income from both parties, must be received by the DRC prior to scheduling mediation. Once the intake form and proof of financial documentation is received from each party, the DRC typically schedules mediations two-weeks out from date of receipt of all documentation. You may return the form via fax (281) 232-6443, email fortbenddrc@aol.com or mail to 211 Houston Street, Richmond, Texas 77469.
5. All parties and/or their counsel must agree to the mediation date/time prior to any confirmation being sent for the mediation.
6. Mediations are typically scheduled for half-day beginning at 9:00 a.m. or 1:00 p.m. Monday through Friday.
7. 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.
8. If you have any questions, please contact the DRC at (281) 342-5000.

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MEDIATIONS WILL NOT BE SCHEDULED UNTIL THE DRC RECEIVES THIS INTAKE & THE REQUIRED INCOME VERIFICATION DOCUMENTS FROM EACH PARTY

DRC# _____

FAMILY/DOMESTIC 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 Not Yet Filed

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

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).

Petitioner: _____

Respondent: _____

Address: _____

Street Address

Address: _____

Street Address

City, State, Zip

City, State, Zip

Tel: _____ Fax: _____

Tel: _____ Fax: _____

Email: _____

Email: _____

Gross Household Income: _____

Gross Household Income: _____

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

Tel: _____ Fax: _____

Tel: _____ Fax: _____

Email: _____

Email: _____

Parties are: Married Separated Divorced Never Married Seeking Paternity Determination

Parties are seeking: Temporary Orders Final Orders Other _____

Abuse Involved? No Yes If yes: Physical / Emotional / Chemical / Other: _____

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: _____ Fax: _____ Email: _____

NOTICE: The DRC and its mediators are required by law to report allegations of child abuse.

CHILDREN'S ISSUES:

Check all that may apply: Custody Visitation Support Paternity Grandparent Issues
 Other: _____

FINANCIAL ISSUES:

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

b. Check all that may apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Annuities | <input type="checkbox"/> IRAs | <input type="checkbox"/> Rental Property |
| <input type="checkbox"/> Business Ventures | <input type="checkbox"/> IRAs - Roth | <input type="checkbox"/> Retirement Accounts |
| <input type="checkbox"/> CDs | <input type="checkbox"/> IRS Returns/Debts | <input type="checkbox"/> Savings Account |
| <input type="checkbox"/> Cemetery Plots | <input type="checkbox"/> Patents | <input type="checkbox"/> Stock Options |
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> Pending Lawsuits | <input type="checkbox"/> Tax Issues |
| <input type="checkbox"/> Community v. Separate Property | <input type="checkbox"/> Pensions | <input type="checkbox"/> Waste of Assets |
| <input type="checkbox"/> Depreciation | <input type="checkbox"/> Real Property | <input type="checkbox"/> Other |
| <input type="checkbox"/> Investment Accounts | <input type="checkbox"/> Reimbursement Issues | |

Areas of Greatest Concern: _____

Resolution Desired: _____

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

If yes, please describe: _____

Translator requested? Yes No If yes, for what language? _____ For Petitioner or Respondent (circle one)

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.***

******All mediations are conducted in English. Please bring an interpreter, if needed.
Por favor traiga un interprete a corte, si es necesario******