

## 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](mailto:fortbenddrc@aol.com) ❖

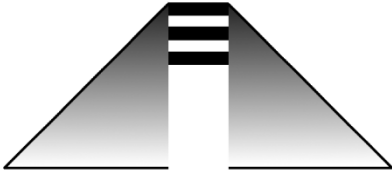
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### FAMILY MEDIATION REQUEST INSTRUCTIONS

The Fort Bend County Dispute Resolution Center (DRC) offers mediation services at a reduced fee for many cases involving divorce and family law conflicts for citizens in Fort Bend and surrounding counties. Some of these issues include, but are not limited to divorce, visitation and child support, parent-child relationships, modifications of current orders, and other domestic relations issues. Participants are charged a fee based on their gross household income. Attached you will find a Family Mediation Intake Form for your completion.

1. Eligibility - In order to be eligible for a family mediation to be conducted through the Reduced Fee Program provided by the Fort Bend County DRC, the parties combined gross household income cannot exceed \$90,000.
2. In order to verify eligibility, the party, or their attorney will need to provide the DRC with the intake form, along with proof of the parties combined household income for the previous year and the current year. Proof of income may be provided in the form of W2s, federal income tax returns, or paycheck stubs.
3. 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). 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.
4. The cost of a family mediation is \$50.00 per party, per session for Fort Bend County residents, and \$65.00 per party, per session for non-Fort Bend County residents. Payments are only accepted in the form of cash, cashier's check, money order or attorney's check. Fees are payable to the Fort Bend County DRC. *No personal checks are accepted from the parties.*
5. The completed Family Mediation Intake Form, verification of income, 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](mailto:fortbenddrc@aol.com) or mail 211 Houston Street, Richmond, Texas 77469.
6. All parties and/or their counsel 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.

*\*Failure of any party to produce documentation of gross annual, household income presumes income over \$90,000.*



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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 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).

Petitioner: \_\_\_\_\_

Respondent: \_\_\_\_\_

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):

Petitioner's Attorney: \_\_\_\_\_

Respondent's Attorney: \_\_\_\_\_

Address: \_\_\_\_\_
Street Address
City, State, Zip

Address: \_\_\_\_\_
Street Address
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 needed?  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\_\_\_\_.

\_\_\_\_\_ and/or \_\_\_\_\_  
Petitioner/Respondent Signature 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.**

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**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.***