

# FORT BEND COUNTY DISPUTE RESOLUTION CENTER

Where Conflict Meets Solution

## FAMILY MEDIATION INTAKE FORM

[CONFIDENTIAL – FOR USE BY DRC ONLY]

DRC# \_\_\_\_\_

Complete the Family Mediation Intake Form and Income and Expense Information for Mediation. Send the completed forms, along with your two most recent paystubs or other proof of income, to the DRC via email at [fortbenddrc@aol.com](mailto:fortbenddrc@aol.com), by fax to 281-232-6443, or by regular mail to 211 Houston Street, Richmond, Texas 77469.

Date: \_\_\_\_\_

Case Not Yet Filed

Case Number: \_\_\_\_\_ Court: \_\_\_\_\_ Judge: \_\_\_\_\_ County: \_\_\_\_\_

Full Style of Case: \_\_\_\_\_

The Parties & Attorneys Agree to, and Request Mediation Be Scheduled on \_\_\_\_\_ at  9 am /  1 pm

**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                                      |

**Parties are seeking:**  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

**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\_\_\_\_.

\_\_\_\_\_ 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.**

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*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.*

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]**

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 \$ \_\_\_\_\_  
 (exclude 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 (exclude house mortgage and car payments):

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

**Sub Total 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)*