



## REQUEST FOR SERVICES FORM – Family Case

CAUSE NO.: \_\_\_\_\_

ORDERED TO MEDIATION: YES \_\_\_ NO \_\_\_

\*IF YES, PLEASE ENCLOSE A COPY OF COURT'S MEDIATION ORDER

SET FOR TRIAL (Month, Day, Year): \_\_\_\_\_

**\*ALL ADMINISTRATIVE FEES MUST BE PAID BEFORE A MEDIATION CAN BE SCHEDULED.\***

Administrative Fee Enclosed: \$\_\_\_\_\_ Payable to **DRS North Texas Inc.**

Money Order     Certified Check     Attorney's Trust Account Check payable to DRS North Texas Inc.

\* Major credit cards accepted by phone. PERSONAL CHECKS ARE NOT ACCEPTED.

**FULL STYLE OF CASE:** \_\_\_\_\_

**PETITIONER/PETITIONER ATTORNEY – OR PARTY NAME IF NOT REPRESENTED:**

**RESPONDENT/RESPONDENT ATTORNEY – OR PARTY NAME IF NOT REPRESENTED:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number                      Alternate Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number                      Alternate Number

\_\_\_\_\_  
Email

**ADDITIONAL ATTORNEY OF RECORD:**

**ADDITIONAL ATTORNEY OF RECORD:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number                      Alternate Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number                      Alternate Number

\_\_\_\_\_  
Email

**Please select all areas that are in dispute:**

Real Estate       Vehicles       Personal Property       Business       Debt

Conservatorship (custody of children)       Child Support       Access/Visitation to children

Medical Insurance       Education Support       Other comments on next page

**AFFORDABLE MEDIATION SERVICES AND TRAINING**

