



ACKNOWLEDGEMENT FORM

Cause No. \_\_\_\_\_

DRS No. \_\_\_\_\_

Matter/Style: \_\_\_\_\_

In consideration of the mediation services to be rendered by Dispute Resolution Services of North Texas, Inc., I acknowledge the following:

1. I have been provided a document entitled *DRS Policies, Procedures and Guidelines*, which explains DRS policies regarding conduct immediately before, during and after mediation. I have read these policies and agree to abide by their provisions in regard to the above referenced matter.
2. I understand that this statement must be signed, witnessed and returned to DRS prior to confirmation of any mediation setting.

**YOUR SIGNATURE DOES NOT NEED TO BE NOTARIZED**

\_\_\_\_\_  
Signature – Plaintiff / Defendant or Attorney for Plaintiff / Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name – Plaintiff / Defendant or Attorney for Plaintiff / Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name – Witness

\_\_\_\_\_  
Date

**AFFORDABLE MEDIATION SERVICES AND TRAINING**

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