



**DISPUTE RESOLUTION SERVICES
OF NORTH TEXAS, INC.
4304 Airport Freeway, Ste. 100
Fort Worth, Texas 76117**

(817) 877-4554 (817) 877-4557 FAX

Email: drs@drsnorthtexas.org Website: www.drsnorthtexas.org

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.

Signature - Plaintiff / Defendant or Attorney for Plaintiff / Defendant

Date

Printed Name - Plaintiff / Defendant or Attorney for Plaintiff / Defendant

Signature - Witness

Date

Printed Name - Witness