



**DISPUTE RESOLUTION SERVICES OF NORTH TEXAS, INC.**

4304 Airport Freeway, Suite 100  
Fort Worth, Texas 76117  
(817) 877-4554 (817) 877-4557 FAX  
E-Mail: drs@drsnorthtexas.org Website: www.drsnorthtexas.org

**REQUEST FOR SERVICES FORM – CIVIL CASE (NON-FAMILY)**

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

ORDERED TO MEDIATION: Yes \_\_\_ \* No \_\_\_

SET FOR TRIAL (MM/DD/YYYY): \_\_\_\_\_

\* IF YES PLEASE ENCLOSE A COPY OF THE COURT ORDER

**MEDIATION WILL NOT BE SCHEDULED UNTIL ALL ADMINISTRATIVE FEES HAVE BEEN PAID**

ADMINISTRATIVE FEE ENCLOSED \$ \_\_\_\_\_ PERSONAL CHECKS ARE NOT ACCEPTED

Money Order \_\_\_\_\_ / Certified Check \_\_\_\_\_ / Attorney's Trust Account Check \_\_\_\_\_ made payable to DRS of North Texas, Inc.

WE ALSO ACCEPT MOST MAJOR CREDIT CARDS.

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

**PLAINTIFF/PETITIONER ATTORNEY:**

**DEFENDANT/RESPONDENT ATTORNEY:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
(Area Code) Phone Number

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

\_\_\_\_\_  
(Area Code) Phone Number

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

**ADDITIONAL ATTORNEY OF RECORD:**

**ADDITIONAL ATTORNEY OF RECORD:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
(Area Code) Phone Number

\_\_\_\_\_  
(Area Code) Phone Number

**3<sup>RD</sup> PARTIES/INSURANCE ADJUSTERS, IF ANY:**

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
(Area Code) Phone Number

\_\_\_\_\_  
(Area Code) Phone Number