



DISPUTE RESOLUTION SERVICES OF TARRANT COUNTY
 A Division of 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: http://www.drsnorthtexas.org

REQUEST FOR SERVICES FORM (CM)

I request the services of Dispute Resolution Services of Tarrant County, Inc., to assist me in resolving a dispute I am presently engaged in with the individual, business, organization, or agency named in Section B. below.

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 Tarrant County, Inc.
 _____ I claim inability to pay the required fee and enclose a written statement of the reason for my inability to pay

A. Your Name: _____
 Address: _____
 Street Apt. # City State Zip Code
 Home Phone: _____ Work Phone: _____

B. Person/Business with whom you're having this dispute:
 Name: _____
 Contact Person (if a business): _____
 Address: _____
 Street Apt. # City State Zip Code
 Home Phone: _____ Work Phone: _____

C. Did this take place in Tarrant County? YES NO If not, where? _____
 Date of incident: _____
 Who referred you to this agency? _____

D. BRIEFLY SUMMARIZE THE MAJOR EVENTS OF THE INCIDENT:

(continue on the back if necessary)

E. SIGNATURE: _____ DATE: _____