



**DISPUTE RESOLUTION SERVICES
OF NORTH TEXAS, INC.**
4304 Airport Freeway, Suite 100
Fort Worth, Texas 76117
(817) 877-4554 (817) 877-4557 Fax
Email: drs@drsnorthtexas.org

POLICE DEPARTMENT REFERRAL FORM

Referring Department: _____

Referring Officer(s): _____

Contact Information (phone and/or email): _____

Case / Reference Number: _____ Date: _____

Dispute Type: _____

Location of Dispute: _____

Disputing Parties' Names and Contact Information:

Name: _____ Phone: _____

Address: _____
Street Number and Name City, State ZIP

Name: _____ Phone: _____

Address: _____
Street Number and Name City, State ZIP

Additional Parties May Be Listed on Back (If Needed)

Please indicate if a security officer will be needed, as well as any additional information: _____

(Continue on back if necessary)

Dispute Resolution Services will invite the parties to meet for a voluntary mediation to work out their issues according to current DRS Policies and Procedures. Thank you for your referral.



To serve our community by providing, promoting, and teaching dispute and conflict resolution.