



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](mailto:drs@drsnorthtexas.org)

**REQUEST FOR SERVICES FORM – FAMILY CASES**

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

SET FOR TRIAL (Month, Day, Year): \_\_\_\_\_ \*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 Ck \_\_\_ Attorney's Trust Account Ck \_\_\_ made payable to DRS of North Texas, Inc.  
**FEES MAY BE CHARGED (We accept most major credit cards.)**

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

PLAINTIFF/PETITIONER ATTORNEY - OR  
 PARTY NAME IF NOT REPRESENTED

DEFENDANT/RESPONDENT ATTORNEY - OR  
 PARTY NAME IF NOT REPRESENTED

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address Suite

\_\_\_\_\_  
 Address Suite

\_\_\_\_\_  
 City/State Zip Code

\_\_\_\_\_  
 City/State Zip Code

\_\_\_\_\_  
 Area Code Tel Number Alternate Number

\_\_\_\_\_  
 Area Code Tel Number Alternate Number

ADDITIONAL ATTORNEY OF RECORD:

ADDITIONAL ATTORNEY OF RECORD:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address Suite

\_\_\_\_\_  
 Address Suite

\_\_\_\_\_  
 City/State Zip Code

\_\_\_\_\_  
 City/State Zip Code

\_\_\_\_\_  
 Area Code Tel Number Alternate Number

\_\_\_\_\_  
 Area Code Tel Number Alternate Number

The area checked below is in dispute:

PROPERTY/DEBT circle all of the following that apply: Real Estate

Vehicles      Businesses      Personal      Property      Debt

Conservatorship (custody) of children       Medical Insurance

Child Support       Educational support

Visitation/access to children       Other Comments on reverse side

