

REQUEST FOR SERVICES FORM

CAUSE NO.: _____

ORDERED TO MEDIATION? YES NO

*IF YES, PLEASE ENCLOSE A COPY OF COURT'S MEDIATION ORDER

SET FOR TRIAL (Month, Day, Year): _____

ALL ADMINISTRATIVE FEES MUST BE PAID BEFORE A MEDIATION CAN BE SCHEDULED.

ADMINISTRATIVE FEE ENCLOSED _____ Payable to: DRS North Texas Inc.

Money Order Cashier's Check Attorney's Trust Account Check

WE ALSO ACCEPT MOST MAJOR CREDIT CARDS. PERSONAL CHECKS ARE NOT ACCEPTED.

MATTER/CASE STYLE: _____

**PLAINTIFF/ PLAINTIFF ATTORNEY - OR
PARTY NAME IF NOT REPRESENTED**

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

ADDITIONAL ATTORNEY OF RECORD

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

3RD PARTY/INSURANCE ADJUSTERS, IF ANY:

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

**DEFENDANT/ DEFENDANT ATTORNEY - OR
PARTY NAME IF NOT REPRESENTED**

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

ADDITIONAL ATTORNEY OF RECORD

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

3RD PARTY/INSURANCE ADJUSTERS, IF ANY:

Name

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