



2018 SETTLEMENT WEEK CASE DATA

INSTRUCTIONS FOR THE SUBMITTING ATTORNEY:

1. Fill out one copy of this form for each case you submit (photocopy blank form as needed).
2. Please type or legibly print all information on both sides of this form.
3. Return one (1) completed form for each case, along with required fees, **by August 17, 2018** to:

Dispute Resolution Services of North Texas, Inc.
Attn: Settlement Week
4304 Airport Freeway, Suite 100
Fort Worth, Texas 76117

PAYMENT OF FEES (Required of Submitting Attorney)

The submitting party must pay the total fee (\$50.00 x number of parties), **for all parties involved in the suit, Plaintiff(s) and Defendant(s)**. Full payment must accompany the submission in the form of a money order, certified check, or an attorney's business account check payable to DRS of North Texas, Inc. We also accept most major credit cards. We cannot accept personal checks or cash. **No multiple case checks please. FEES ARE NON-REFUNDABLE.**

If you have questions of an administrative nature, please call (817) 877-4554 and ask for the Settlement Week Coordinator.

<p>HAVE YOU NOTIFIED OPPOSING COUNSEL? (Yes/No)</p> <p><i>Note: DRS will contact opposing counsel regarding scheduling.</i></p>	<p>MEDIATION(S) HELD OR PENDING: (Yes/No) If yes, when? _____</p> <p>Has this case been previously ordered to mediation? (Yes/No)</p>
<p>CAUSE # _____</p> <p>STYLE _____</p>	
<p>PLAINTIFF/PETITIONER ATTORNEY:</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>City/State/ZIP _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p> <p>Alternate Contact (e.g., Legal Assistant, Scheduling Coordinator, etc.): _____</p>	<p>DEFENDANT/RESPONDENT ATTORNEY:</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>City/State/ZIP _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p> <p>Alternate Contact (e.g., Legal Assistant, Scheduling Coordinator, etc.): _____</p>

AFFORDABLE MEDIATION SERVICES AND TRAININGS

4304 Airport Freeway, Suite 100 | Fort Worth, Texas 76117 | 817-877-4554 | drsnorthtexas.org

<p>DATE SUIT FILED: _____</p> <p>DATE OF INCIDENT: _____</p> <p>TYPE OF CASE: _____</p> <p><i>(If a family case, circle disputed issues; provide details on back)</i></p> <p>CUSTODY VISITATION CHILD SUPPORT</p> <p>DIVISION OF COMMUNITY ESTATE</p>	<p>DISCOVERY: <i>(circle appropriate status)</i></p> <p>NOT STARTED WRITTEN DISCOVERY</p> <p>PARTIALLY COMPLETE DEPOSITIONS TAKEN</p> <p>SUBSTANTIALLY COMPLETE</p> <p>COMPLETE</p>
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PLEASE COMPLETE ALL INFORMATION ON THE SECOND PAGE OF THIS FORM.

Please provide a brief statement of the facts of this case, including any settlement negotiations to date:

<p>ADDITIONAL ATTORNEY OF RECORD OR INSURANCE ADJUSTER:</p> <p><u>Circle One:</u> Attorney / Adjuster</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>City/State/ZIP _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p> <p>Alternate Contact (e.g., Legal Assistant, Scheduling Coordinator, etc.):</p> <p>_____</p>	<p>ADDITIONAL ATTORNEY OF RECORD OR INSURANCE ADJUSTER:</p> <p><u>Circle One:</u> Attorney / Adjuster</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>City/State/ZIP _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p> <p>Alternate Contact (e.g., Legal Assistant, Scheduling Coordinator, etc.):</p> <p>_____</p>
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