



REQUEST FOR SERVICES FORM (CM)

I request the services of Dispute Resolution Services of North Texas 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 **Payable to DRS North Texas Inc.**
 I will call to submit payment by credit card.

Section A.

Your Name: _____

Address: _____

Street
Apt.#
City
State
Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Section B. (Person/Business with whom you are having this dispute.)

Name: _____

Contact Person
(if a business): _____

Address: _____

Street
Apt.#
City
State
Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Section C.

Date of incident: _____

Did this take place in Tarrant County?
 YES
 NO
 If not, where? _____

How did you hear about DRS North Texas? _____

Who referred you to DRS North Texas? _____

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