



REQUEST FOR SERVICES FORM – Family Case

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 Certified Check Attorney's Trust Account Check payable to DRS North Texas Inc.

* Major credit cards accepted by phone. PERSONAL CHECKS ARE NOT ACCEPTED.

FULL STYLE OF CASE: _____

PETITIONER/PETITIONER ATTORNEY – OR PARTY NAME IF NOT REPRESENTED:

RESPONDENT/RESPONDENT ATTORNEY – OR PARTY NAME IF NOT REPRESENTED:

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

ADDITIONAL ATTORNEY OF RECORD:

ADDITIONAL ATTORNEY OF RECORD:

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

Name

Address

City/State/Zip

Phone Number Alternate Number

Email

Please select all areas that are in dispute:

- Real Estate Vehicles Personal Property Business Debt
- Conservatorship (custody of children) Child Support Access/Visitation to children
- Medical Insurance Education Support Other comments on next page

TOGETHER WE CAN WORK IT OUT!

P.O. Box 172661 | Arlington, Texas 76003 | Tele: 817-877-4554 | Fax: 817-877-4554 | www.drnorthtexas.org

