

DISPUTE RESOLUTION CENTER
CASE INITIATION

INITIATING PARTY:

Name: _____

Address: _____ (Zip) _____

Phone: (Day) _____ (Evening) _____

RESPONDING PARTY:

Name: _____

Address: _____ (Zip) _____

Phone: (Day) _____ (Evening) _____

How do you know this person? _____

When did this happen? _____

Where did this happen? _____

Has violence or the threat of violence occurred related to this?

Have you filed legal charges or complaints about the matter? Where?

Summary of the dispute: _____

CASE INITIATION FEE IS \$50.00 AND MUST BE ENCLOSED.

When are you available for a Mediation Hearing: _____

Who referred you to the Dispute Resolution Center? _____

Signature _____

Dispute Resolution Center
P.O. Box 9257
Amarillo, Texas 79105-9257
(806) 372-3381