



EL PASO
**Dispute
Resolution
Center**

Solutions for Differences. Since 1988.

MEDIATION INTAKE FORM

<i>Case:</i> _____	<i>Scheduled:</i> _____	<i>Type:</i> _____
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Case Classification (Check One):

Auto Accident Year: _____ Make: _____ Model: _____
 Family Consumer/Merchant Contract Personal Injury
 Neighbor Landlord/Tenant Employment Auto Repair Other

COMPLAINANT DATA	<i>Primary Language (Check One):</i> English <input type="checkbox"/> Spanish <input type="checkbox"/>
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Referred By: _____
Name: _____
 First *Middle* *Last*
Primary phone: _____ *Secondary phone:* _____ *Email:* _____
Address: _____
 Street *City* *State* *Zip Code*

RESPONDENT DATA	<i>Primary Language (Check One):</i> English <input type="checkbox"/> Spanish <input type="checkbox"/>
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Referred By: _____
Name: _____
 First *Middle* *Last*
Primary phone: _____ *Secondary phone:* _____ *Email:* _____
Address: _____
 Street *City* *State* *Zip Code*

Mediation proceedings are highly confidential and voluntary in nature and are not subject to disclosure in a Court of Law , unless the information can be discovered independently of the Mediation (Sec. 154.073(c) Texas Civil Practice and Remedies Code), so by my signature below: I acknowledge the importance of preserving the confidentiality of the process and I agree not to subpoena or hold responsible: the Mediators, the Staff of the EPDRC, the Staff of the RGCOG or the RGCOG Board of Directors, for the outcome of this case in litigation or for any action which may be taken by any disputing party involved in this case, before, during, or after the mediation.

Complainant Signature: _____ **Date:** _____

Continued in the back

Please provide a brief description of your case in the lines below.

Describe Dispute: _____

Solution Desired: _____

**A \$50.00 NON-REFUNDABLE FILING FEE FOR NEIGHBORHOOD CASES
AND A \$250.00 NON-REFUNDABLE FEE PER PARTY FOR FAMILY CASES
IS TO BE PAID AT THE TIME OF FILING COMPLAINT
ALL INFORMATION REQUESTED MUST BE PROVIDED IN ORDER TO PROCESS THE INTAKE**

**UPON RECEIPT OF LETTER IF COMPLAINTANT DOES NOT CALL IN TO CONFIRM WE
WILL CONSIDER MEDIATION SESSION IS NO LONGER NEEDED.**

Initials: _____