



**McLENNAN COUNTY DISPUTE RESOLUTION CENTER (DRC)
CONFIDENTIAL INFORMATION SHEET, NO ATTORNEYS**

NAME _____

DATE _____

HAS A LAWSUIT ALREADY BEEN FILED? YES ___ NO ___

IF YES, CAUSE NO. _____ CASE NAME _____

DO YOU HAVE A LAWYER AT THIS TIME? YES ___ NO ___

DOES THE OTHER SIDE HAVE A LAWYER? YES ___ NO ___

IF YOU OR THE OTHER SIDE HAVE A LAWYER, DO NOT USE THIS FORM

HOW WERE YOU REFERRED TO MEDIATION? _____

PERSON ASKING FOR MEDIATION

THE OTHER SIDE

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ ZIP _____

CITY _____ ZIP _____

PHONE # _____ 2ND # _____

PHONE # _____ 2ND # _____

ANNUAL INCOME _____

ANNUAL INCOME _____

EMAIL _____

EMAIL _____

**EMAIL IS OUR PREFERRED WAY TO COMMUNICATE WITH YOU.
PLEASE NOTIFY THE DRC IF YOU REQUIRE CORRESPONDENCE BY POSTAL MAIL.**

CELL _____ CELL _____

(Cell numbers are for Mediator and DRC staff only and will be kept confidential)

NON-FAMILY CASE: WHAT KIND OF DISPUTE DO YOU HAVE? (ADD MORE ON BACK IF NEEDED)

WHAT IS THE **DOLLAR AMOUNT** IN DISPUTE? _____

OR

FAMILY CASE: DIVORCE ___ DIVORCED ___ NEVER MARRIED ___ LIVED TOGETHER ___

ISSUES: "CUSTODY" ___ "VISITATION" ___ CHILD SUPPORT ___ PROPERTY ___

CHILD(REN)'S NAME(S):

DATE OF BIRTH:

WHO ARE THE CHILDREN LIVING WITH NOW? _____

IF MARRIED, COMBINED LIQUID ASSETS OF MARRIAGE \$ _____

PLEASE PROVIDE A BRIEF DESCRIPTION – NEXT/BACK PAGE

DRC Office Use Only DRC # _____

WILL THIS MEDIATION BE:

IN-PERSON

ZOOM CONFERENCE

HYBRID

BRIEF DESCRIPTION OF ISSUES IN DISPUTE, AND GOALS FOR MEDIATION

Name/Signature

Date

**EMAIL COMPLETED FORM TO KL@DRCWaco.com OR MAIL FORM TO: 900 Austin Avenue,
Suite 502, Waco, TX 76701**

Document Retention Policy

The DRC's Document Retention Policy is that case files and all contents are destroyed, or permanently deleted if in electronic form, on or after the third anniversary after the project/case closes.

DRC Voice 254-752-0955 Website <https://drcwaco.com/>