

DISPUTE RESOLUTION CENTER

CASE INITIATION

INITIATING PARTY:

Name: _____

Address: _____ (Zip) _____

Phone: (Day) _____ (Evening) _____

RESPONDING PARTY:

Name: _____ (Age) _____

Address: _____ (Zip) _____

Phone: (Day) _____ (Evening) _____

When did this happen? _____

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

Summary of the dispute: _____

When are you available for a Mediation Hearing: _____

Who referred you to the Dispute Resolution Center? _____

Signature _____

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