



**BEXAR COUNTY
DISPUTE RESOLUTION CENTER
300 Dolorosa, Suite 1.102
San Antonio, TX 78205-3009**

Phone: (210) 335-2128

Fax: (210) 335-2941

email: bcdrc@bexar.org

MEDIATION REQUEST INSTRUCTIONS

The Bexar County Dispute Resolution Center offers mediation, at no cost, for many civil conflicts involving a person, organization, or business in Bexar County. If you feel that your dispute is appropriate for mediation, please complete the forms as outlined below. Please contact an Intake Coordinator at (210) 335-2128 if you have any questions.

If you bring the forms to the BCDRC, please allow 30 minutes for an intake interview. If you mail, fax, or email the forms, the Dispute Resolution Center will contact you within two business days to conduct the intake interview.

1. Fill out the **Mediation Request Form** completely and legibly, typing or using black or blue ink. **The addresses given should be mailing addresses** - business address for a business dispute and home (not work) address for a dispute with a private individual. If the dispute concerns a rental property, please include the name and mailing address of the owner or management company of that property, because local on-site managers usually do not have settlement authority.
2. On the **Information About Yourself Form**, please complete the information as it relates to you. Please circle only one answer for each category.
3. Please read the **Waiver and Consent Form** completely. Initial the appropriate box concerning pending legal action, then sign and date at the bottom of the page. BCDRC personnel will review this document with you during the intake interview.
4. If you are requesting mediation regarding court-ordered child visitation or non-payment of children's medical expenses, **you must provide a copy of the court order (Divorce Decree or Suit Establishing the Parent/Child Relationship) to the BCDRC. No mediation will be scheduled until we receive a copy of the applicable court order. Please send only a photocopy of the document. We do not need the original or any supporting documentation. If there is no court order, please indicate that on your request.**

Mediations are typically scheduled at 6:00 p.m. (Central Time), Monday through Thursday. We also schedule daytime mediations Monday through Friday, if necessary. If you are unavailable particular days or times, please note this on the Mediation Request Form or advise us when we interview you.



BEXAR COUNTY DISPUTE RESOLUTION CENTER INTAKE FORM

Office Use Only

CASE # _____

DATE: _____ INTERVIEWER: _____ REVIEWER: _____ / _____

INITIATOR

MR.

MRS.

MS.

FIRST

M.I.

LAST

MAILING ADDRESS:

STREET/P.O. BOX

APT.#

CITY

STATE

ZIP CODE

EMAIL: _____

HOME ()	WORK/EXT. ()	CELL ()
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RESPONDENT

MR.

MRS.

MS.

FIRST

M.I.

LAST

MAILING ADDRESS:

STREET/P.O. BOX

APT.#

CITY

STATE

ZIP CODE

EMAIL: _____

HOME ()	WORK/EXT. ()	CELL ()
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NATURE OF DISPUTE: _____

DESCRIBE DISPUTE(S): _____

AMOUNT IN QUESTION: \$ _____

REMARKS/NOTES: _____

ACTION TAKEN: MEDIATION _____ PENDING _____ REFERRAL _____ INFORMATION ONLY _____

SPECIAL INSTRUCTIONS:

MORNING _____ AFTERNOON _____ EVENING _____ PHONE _____ SPANISH I/R _____ SIGN INTERPRETER _____

For office use only: MEDIATION DATE: ____/____/____ TIME: ____ AM / PM M T W T F

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF:

<u>AGE</u>	<u>GENDER</u>	<u>ETHNIC/RACE</u>	<u>PRIMARY LANGUAGE</u>	<u>MARITAL STATUS</u>	<u>MONTHLY GROSS INCOME</u>
1. 12-17	1. Male	1. Unavailable	1. English	1. Single	0. Unavailable
2. 18-24	2. Female	2. Anglo	2. Spanish	2. Married	1. Below - \$1,595
3. 25-35	3. Unavailable	3. African American	3. Other	3. Separated	2. \$1,596 - \$2,155
4. 36-45		4. Hispanic	4. Unavailable	4. Divorced	3. \$2,156 - \$2,715
5. 46-60		6. Native American		5. Widowed	4. \$2,716 - \$3,275
6. 60+		7. Other		6. Unavailable	5. \$3,276 - \$3,835
7. Unavailable					6. \$3,836 - \$4,395
					7. \$4,396 +
<u>EDUCATIONAL LEVEL</u>	<u>EMPLOYMENT STATUS</u>	<u>HOUSEHOLD</u>			
1. Less than High School	1. 32 hours/week +	1. Number in household: _____			
2. High School / GED	2. Under 32 hours	7. Unavailable			
3. Some College	3. Not employed				
4. College Graduate	4. Retired				
5. Post-Graduate School	5. Unavailable				
6. Unavailable					



BEXAR COUNTY DISPUTE RESOLUTION CENTER

WAIVER AND CONSENT FORM

Office Use Only

CASE # _____

This waiver and consent form is executed in exchange for participation by the mediator in the mediation of a dispute between _____ and _____. It pertains only to the matters arising during mediation of that dispute.

1. I understand that the mediator is not a legal advisor and is not to provide legal advice to any party involved in mediation. I agree to hold the said mediator harmless for any observations, suggestions or implications that he/she may make in the course of mediation. I specifically agree to obtain legal advice on any issue of interest to me from my own attorney and not to rely upon the mediator for such advice. By initialing the appropriate box, I acknowledge that there IS // **IS NOT** legal action pending that relates to matters involved in mediation. "Legal action pending" means a court case has been filed in which a judge has not yet made a final decision.
2. I waive any right of action that I may have against the mediator for any allegation of wrongful conduct on his/her part or on the part of Dispute Resolution Center employees, while acting in the course of the mediation herein agreed to.
3. I agree to the necessity that mediation be confidential and, therefore, agree that I will not call the mediators or Dispute Resolution Center employees who serve on my case to act as witnesses in any court of competent jurisdiction to testify to facts concerning or relating to the subject matter being mediated, and that I will not subpoena documents or information about my case which may have been retained in any case file. I understand that no subpoenas, citations, writs or any other process shall be served at or near the location of any mediation session. I further agree that I will not utilize any voice recording device during the mediation session.
4. I agree to treat anything said by the opposing party as part of an offer to compromise and settle the dispute being mediated. I further agree that statements made during mediation shall be treated as offers to settle and shall not be admissible should this matter become a matter in litigation.

Texas law requires the reporting of abuse or neglect of children, the elderly, and the disabled. Should such information surface during mediation, it will be reported to the proper authorities as will any serious threats of imminent danger or physical harm.

I consent to these terms and waive the rights herein specified, and I know that I have the right to consult legal counsel before executing this document.

Signature

Date

Signature

Date