



DALLAS COUNTY
DISTRICT COURT ADMINISTRATION
ALTERNATIVE DISPUTE RESOLUTION

Mediation Pre-Intake Information Form

In an effort to make the Dallas County Dispute Resolution Center more efficient by meeting the needs of those we serve, please complete this survey.

* Indicates required fields

I. CASE INFORMATION

* Cause No:	* Court No:	* County:	* Type of Case:
* Are you the Plaintiff or Defendant in this case?		Plaintiff	Defendant

II. * PLAINTIFF

Last Name:	First Name:	Firm:	
Mailing Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	

III. * DEFENDANT

Last Name:	First Name:	Firm:	
Mailing Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	

IV. MEDIATION INFORMATION

What are the principle issues in this dispute?

What are your goals for mediation beyond settlement?

In the event that the mediation results in a non-settlement outcome, are you prepared to go to trial?
(If no settlement is reached, the case will be referred back to the Court for litigations/trials.)

V. * AGE*

12-17	18-24	25-35	36-45	46-60	60 +	Unavailable
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VI. * GENDER*

Male	Female	Unavailable
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VII. * ETHNIC/RACE*

Anglo	African American	Hispanic	Native American	Other	Unavailable
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VIII. * PRIMARY LANGUAGE*

English	Spanish	Other	Unavailable
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IX. * MONTHLY GROSS INCOME*

Below \$1,128	\$1,129-\$1,517	\$1,518-\$1,907	\$1,908-\$2,296	Other
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X. * EMPLOYMENT*

32 Hours/week+	Under 32 Hours	Not Employed	Retired	Unavailable
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*For statistical purposes only

"I hereby certify that the above information, and any information contained on the accompanying attachments, is within my personal knowledge to be true and correct."

_____ * Client's eSignature (Please type your full name)