



**CONFIDENTIAL**  
Not for disclosure,  
without permission.

**Office of Dispute Resolution**  
**INFORMATION SHEET**  
v. 05.18.20

**Cause Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ **In the Interest of** \_\_\_\_\_

☐ **In the Matter of Marriage of** \_\_\_\_\_ **and** \_\_\_\_\_

**I am the:**      ☐ **Petitioner**      ☐ **Respondent**      ☐ **Intervenor**      ☐ **Other**

**Name** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

**Attorney** \_\_\_\_\_ **Attending Mediation:** Yes / No

Child(ren) Name	Sex	Birth Date	Grade	Presently living with?

**Please answer the following (circle one):**

- Has an Order of Restraint (Physical) been issued? Yes / No
- Has any form of violence been directed at you or the child(ren) (e.g. hitting, shoving, destruction of property)? Yes / No
  - If yes, when has the violence occurred? \_\_\_\_\_
  - If yes, has Child Protective Services been contacted? Yes / No
- Does the other party carry a weapon? Yes / No
- Is the other party employed with law enforcement? Yes / No
- Have any parties in this suit served in the military? Yes / No If yes, who? \_\_\_\_\_
- Do you have a Bankruptcy Attorney? Yes / No
- Has your child ever been on Medicaid or received financial assistance from the State of Texas? Yes / No
- Is there any history of mental illness for any party? Yes / No
  - If yes:
    - Which party? \_\_\_\_\_
    - Was there a diagnosis? Yes / No
    - What was the diagnosis? \_\_\_\_\_

**Topics in dispute:**

<input type="checkbox"/> Retirement Funds	<input type="checkbox"/> Stock/ Mutual Funds	<input type="checkbox"/> Business Investments
<input type="checkbox"/> Automobile(s)	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Credit Cards
<input type="checkbox"/> Loans	<input type="checkbox"/> House	<input type="checkbox"/> Checking Account
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Income Tax	<input type="checkbox"/> Custody
<input type="checkbox"/> Support	<input type="checkbox"/> Modification	