

BRIAN STANLEY EXECUTIVE DIRECTOR COUNTY OF EL PASO DOMESTIC RELATIONS OFFICE 500 E. SAN ANTONIO • RM. LL-108 EL PASO, TEXAS 79901 PHONE: (915) 834-8200 FAX: (915) 834-8299

CRITERIA FOR ACCEPTANCE OF AN APPLICATION FOR MEDIATION MEDIATION FEE \$400

The Domestic Relations Office (DRO) mediates for separating families that anticipate Divorce or desire to file a Suit Establishing the Parent Child Relationship (SAPCR) with the court. Mediation with the DRO provides a lower cost alternative to litigation by offering parents the ability to decide together what is best for them and their child(ren). Mediation is a process in which a neutral party (DRO) assists parents in resolving issues of parenting time.

An executed mediation agreement is binding and should be presented to the court by the parties for a final order to be issued.

To be eligible for this service, the parties' combined annual income should be \$75,000 or less a year and the current situation between the parties must be appropriate for mediation. The Court may order mediation or the parties may agree to mediate by completing this application and submitting it to the DRO.

The Mediation fee of \$400 can be paid by both parties paying \$200, but the entire fee must be paid prior to commencement of services.

Parties participating in Mediation services are required to complete the online Mediation Orientation.

Upon approval of the application, DRO will provide additional information to each party regarding the process and will also request more information regarding the issues to be mediated.

I certify that I have read, understood and agree to abide by the terms of these criteria.

APPLICANT SIGNATURE

EL PASO COUNTY DOMESTIC RELATIONS OFFICE 500 E. SAN ANTONIO STREET, ROOM LL108 EL PASO, TEXAS 79901 (915)834-8200 HOURS: 8:00AM – 4:30 PM

FOR INTERNAL USE ONLY

FATHER (PETITIONER OR RESPONDENT):

| Receipt No.: | |
|---------------------------------------|---|
| Amount Paid: | |
| Date Paid: | _ |
| Submitted by: Mail / Walk-in / E-mail | |
| Received by | _ |
| Date Received: | |

APPLICATION FOR MEDIATION

APPLICATION FEE \$400.00

Date:___

MEDIATION DATE TO BE ASSIGNED BY DRO INTAKE OFFICE

This is the screening information necessary before a mediation date can be given. Please complete and return this application via fax to 915-834-8299 or e-mail to <u>domesticrelations@epcounty.com</u>. Please call for dates of availability after this information has been sent.

PARTIES

MOTHER (PETITIONER OR RESPONDENT):

| Name : | Name : | | | |
|---|---------------------------|--|--|--|
| Home/Cell No.; | Home/Cell No.; | | | |
| Work No.; | Work No.; | | | |
| Address: | Address: | | | |
| DOB: SSN: | DOB: SSN: | | | |
| Occupation: Gross Inc/yr | Occupation: Gross Inc/yr | | | |
| Attorney: | Attorney: | | | |
| Phone No.;Fax: | Phone:Fax: | | | |
| Email: | Email: | | | |
| Language of Preference: | Language of Preference: | | | |
| OTHER: | AD LITEM: | | | |
| Name: | Name: | | | |
| Relationship to child(ren) : | Phone No.; Fax: | | | |
| Home/Cell No.; | CHILD(REN)'s Full Name: | | | |
| Work No.; | Name/DOB: | | | |
| Address: | SSN: | | | |
| DOB:SSN: | Name/DOB: | | | |
| Occupation: Gross Inc/yr | SSN: | | | |
| Attorney: Phone No.; | Name/DOB : | | | |
| Email: | SSN: | | | |
| Is the Office of Attorney General involved in this case ? | Yes No | | | |
| CASE TYPE: DIVORCE SAPCR | MODIFICATION OTHER | | | |
| DATE OF MARRIAGE: | DATE OF SEPARATION: | | | |
| TEMPORARY ORDERS: Yes No | DATE OF TEMPORARY ORDERS: | | | |

(Oct 2021) Page 2

| Children residing with: | MOTHER | FATHER | OTHER: (Specify) |
|-------------------------|--------|--------|-------------------------|
|-------------------------|--------|--------|-------------------------|

What are the issues to be mediated? POSSESSION (Please Explain):

| Are there any allegations of the following: | | |
|---|-----|----|
| Domestic Violence (within last 12 months) | Yes | No |
| Drug/Alcohol Abuse (within last 12 months) | Yes | No |
| CURRENT Protective Order | Yes | No |
| OPEN CPS case | Yes | No |
| Is there a registered sex offender in the household | Yes | No |

IF YOU CIRCLED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE DISCUSS YOUR CONCERNS WITH THE DRO REGARDING THE ABILITY TO SUCCESSFULLY MEDIATE.

| | YES | NO |
|--|-----|----|
| Are you currently receiving victim services? | | |
| Are you currently receiving BIPP services? | | |
| Are you currently on any medication? | | |
| If taking medication. Does it impair your ability to make decisions? | | |
| Do you have any concerns being in the same room with the other parent? | | |
| If yes to above question, do you agree to mediate in separate rooms? | | |

On a scale of 1 to 10, what best describes your level of concern for your physical safety?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------------|---|---|---|---|---|---|---|------|-----------|
| No Concern | | | | | | | | Very | Concerned |

Person completing this Form _____

Printed name:_____