



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

### **CRITERIA FOR ACCEPTANCE OF AN APPLICATION FOR MEDIATION**

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 custody, parenting time, child and medical support, and limited property including assets and debts. 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 five (5) days before the scheduled mediation date.

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.

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APPLICANT SIGNATURE

**EL PASO COUNTY  
 DOMESTIC RELATIONS OFFICE  
 500 E SAN ANTONIO AVE, LL-108  
 EL PASO, TEXAS 79901  
 PHONE (915)834-8200 FAX: (915) 834-8299  
 HOURS: 8:00AM – 4:30 PM**

<b>FOR INTERNAL USE ONLY</b>	
Receipt No.:	_____
Amount Paid:	_____
Date Paid:	_____
Submitted by: Mail / Walk-in / E-mail	
Received by	_____
Date Received:	_____

**APPLICATION FOR MEDIATION**  
**MEDIATION FEE \$400**

**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 [domesticrelations@epcounty.com](mailto:domesticrelations@epcounty.com).

**INFORMATION ABOUT PARTIES – (PLEASE PRINT)**

**MOTHER (PETITIONER OR RESPONDENT):**

Name : \_\_\_\_\_  
 Home/Cell No.; \_\_\_\_\_  
 Work No.; \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Gross Inc/yr \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Phone No.; \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**FATHER (PETITIONER OR RESPONDENT):**

Name : \_\_\_\_\_  
 Home/Cell No.; \_\_\_\_\_  
 Work No.; \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Gross Inc/yr \_\_\_\_\_  
 Attorney: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**OTHER:**

Name: \_\_\_\_\_  
 Relationship to child(ren) : \_\_\_\_\_  
 Home/Cell No.; \_\_\_\_\_  
 Work No.; \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Gross Inc/yr \_\_\_\_\_  
 Attorney: \_\_\_\_\_ Phone No.; \_\_\_\_\_  
 Email: \_\_\_\_\_

**AD LITEM:**

Name: \_\_\_\_\_  
 Phone No.; \_\_\_\_\_ Fax: \_\_\_\_\_

**CHILD(REN)'s Full Name:**

Name/DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Name/DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Name/DOB : \_\_\_\_\_  
 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: \_\_\_\_\_**

Children residing with:            MOTHER      FATHER      OTHER: (Specify) \_\_\_\_\_

What are the issues to be mediated? CUSTODY/POSSESSION/CHILD SUPPORT/PROPERTY/OTHER(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

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?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving BIPP services?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on any medication?	<input type="checkbox"/>	<input type="checkbox"/>
If taking medication. Does it impair your ability to make decisions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns being in the same room with the other parent?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to above question, do you agree to mediate in separate rooms?	<input type="checkbox"/>	<input type="checkbox"/>

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

Comments:

How did you hear about our mediation services? \_\_\_\_\_

Person completing this Form \_\_\_\_\_

Printed name: \_\_\_\_\_