



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

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 domesticrelations@epcounty.com. Please call for dates of availability after this information has been sent.

PARTIES

MOTHER (PETITIONER OR RESPONDENT):

Name : _____
Home/Cell No.; _____
Work No.; _____
Address: _____
DOB: _____ SSN: _____
Occupation: _____ Gross Inc/yr _____
Attorney: _____
Phone No.; _____ Fax: _____
Email: _____
Language of Preference: _____

FATHER (PETITIONER OR RESPONDENT):

Name : _____
Home/Cell No.; _____
Work No.; _____
Address: _____
DOB: _____ SSN: _____
Occupation: _____ Gross Inc/yr _____
Attorney: _____
Phone: _____ Fax: _____
Email: _____
Language of Preference: _____

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: _____

