

Texas Anchor LLC Mediation Services
Daniel G. Garcia, Mediator (210) 440-8074
Email completed form to: Daniel@TexasAnchorLLC.com or fax to (210) 239-2030

CAUSE NO. _____

Petitioner/Plaintiff: _____ § IN THE DISTRICT COURT
_____ §
_____ §
Respondent/Defendant: _____ § JUDICIAL DISTRICT
_____ § COUNTY, TEXAS

Initial Medication Questionnaire
Identification of Parties and Counsel

1. State any proposed dates for the mediation based on availability of the parties?,
2. Do the parties agree to Zoom mediation? i(If not, is there an agreed location?
3. Describe briefly the issues of the case.
4. **Is there any issue of domestic violence alleged against any party?**
5. Have the parties agreed to the payment arrangement for Mediation Services?
6. How many hours of mediation are anticipated?
7. Counsel for Petitioner/Plaintiff:
Name:
Law Firm:
Address:
Phone:
Fax:
Email:
8. Counsel for Respondent/Defendant
Name:
Law Firm:
Address:
Phone:
Fax:
Email:
9. Other Parties: Intervenor (if any)
Counsel for Other Party/Intervenor:
Name:
Law Firm:
Address:
Phone:
Fax:
Email:

Prepared by: _____

Contact information: _____