

P.O. Box 10536
916 Main, Suite 800
Lubbock, Texas 79408

Office of Dispute Resolution

Phone: (806) 775-1720
Fax: (806) 775-7929

Intake Data / Record

v. 09.01.16

COMPLAINANT DATA (Referred By): _____ **Date:** _____ **Type:** _____

Name:

First

MI

Last

Address:

Street

City

State

Zip

Phone:

Home

Work

Cell

Email: _____

RESPONDENT DATA (Name of party you are filing against)

Name:

First

MI

Last

Address:

Street

City

State

Zip

Phone:

Home

Work

Cell

Email: _____

Questions:

Yes

No

1. Are you related to the respondent?
2. Have you discussed this problem with the respondent?
3. Have you discussed this problem with an attorney?
4. Has Law Enforcement been contacted?

Primary Dispute: _____

Resolution Desired: _____

If this is regarding a child, please include the child's name: _____

Is there an existing court case? (circle one) Yes / No

If yes, what County and what is the cause number: _____

Has the Complainant served in the military or a dependant of someone who has served in the military? (circle one) Yes / No

Has the Respondent served in the military or a dependant of someone who has served in the military? (circle one) Yes / No

I/We do authorize the ODR to process my complaint in accordance with its rules and regulations.

Signature: _____

Date: _____

Please write on the back, if you need more space.