

v. 08.21.14

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

Name:

First _____ MI _____ Last _____

Address:

Street _____ City _____ State _____ Zip _____

Phone:

Home _____ Work _____ Cell _____

RESPONDENT DATA (Name of party you are filing against)

Name:

First _____ MI _____ Last _____

Address:

Street _____ City _____ State _____ Zip _____

Phone:

Home _____ Work _____ Cell _____

Questions:

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?

	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?		

Primary Dispute: _____

Describe Dispute (s): _____

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: _____

Is the Complainant a veteran or a dependent of a veteran? Yes / No

Is the Respondent a veteran or a dependent of a veteran? Yes / No / Unknown

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

Signature: _____

Date: _____

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

Office of Dispute Resolution

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