

CAUSE NO. \_\_\_\_\_

IN THE INTEREST OF

\_\_\_\_\_  
\_\_\_\_\_

MINOR CHILD(REN)

§ IN THE FAMILY COURT OF  
§  
§ GALVESTON COUNTY, TEXAS  
§  
§  
§ 306<sup>TH</sup> JUDICIAL DISTRICT

**MOTION FOR SUBSIDIZED MEDIATION**

This motion is brought by Movant, \_\_\_\_\_ who shows in support:

1. I desire to go to mediation or I have been ordered to mediation. I am requesting that \_\_\_\_\_ be appointed as mediator under the Galveston County Subsidized Mediation Plan.
2. In support of this motion is attached my Affidavit indicating that I qualify for subsidized mediation.
3. I furthermore have filed my inventory with the court clerk.
4. Furthermore I have attached my certificate of completion of an approved Parenting Class.
5. I pray that the Court grant the requested relief.

Respectfully submitted,

By: \_\_\_\_\_  
Attorney for Movant /Pro Se

**CERTIFICATE OF SERVICE**

I certify that a true copy of the above was served to the opposing party in accordance with the Texas Rules of Civil Procedure on, on the following:

\_\_\_\_\_  
Movant or Movant's Attorney

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§ 306<sup>TH</sup> JUDICIAL DISTRICT

**AFFIDAVIT FOR FAMILY CASE**

**STATE OF TEXAS**

§

**COUNTY OF GALVESTON**

§

§

This Declaration Under Penalty of Perjury Affidavit, is made by

\_\_\_\_\_, an applicant for subsidized mediation in the above referenced cause.

"My name is \_\_\_\_\_

\_\_\_\_\_ I HAVE FILED MY INVENTORY WITH THE COURT CLERK

\_\_\_\_\_ I HAVE COMPLETED THE APPROVED PARENTING CLASS AND  
HAVE ATTACHED THE CERTIFICATE OF COMPLETION HERETO.

"I am employed by (Name & Address of Employer): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"I currently reside at \_\_\_\_\_  
\_\_\_\_\_

"A copy of my \_\_\_\_\_ (Insert Year) W-2 Form , IRS Tax Return last three months  
pay check stubs and /or other documentation, reflecting my income for the previous tax year and  
my current income, is attached indicating my current gross income, which consists of money  
from (list all sources of income including employment/unemployment, retirement , rental

income, etc. )

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My gross income is approximately \$ \_\_\_\_\_ per month.

“I have other income from the following additional source(s) (include alimony, child support, TANF, food stamps, CD’s, stocks, bonds and/ or other investments etc.)

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“ I have the following Retirement and or Savings Plans from past and present employment:

Name of Plan: \_\_\_\_\_

Employer name and address \_\_\_\_\_

Current Monthly contributions from each employer: \_\_\_\_\_

Current monthly contributions from employee:

Value of Plan on date of signing Affidavit: \$ \_\_\_\_\_

“ My spouse has the following benefits from past and present employment:

Name of Plan: \_\_\_\_\_

Employer name and address \_\_\_\_\_

Value of Plan on date of signing Affidavit: \$ \_\_\_\_\_

“I own the following motor vehicle(s): List Year, Make, Model outstanding lien amount and approximate equity: \_\_\_\_\_

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"I currently have \$ \_\_\_\_\_ (in cash, savings, investments accounts, insurance cash value assets) in my possession.

" I currently have other assets in my possession or held by others for my benefit excluding my primary residence consisting of:

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in the value of: \_\_\_\_\_

"I have \_\_\_\_\_ (number) dependents, being: \_\_\_\_\_

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"I AM / AM NOT represented by counsel. I have reviewed the statements made in this affidavit and believe them to be true and correct at the time of signing."

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Printed Name of Affiant

**DECLARATION UNDER PENALTY OF PERJURY BY AFFIANT**

I declare under penalty of perjury that I have read the foregoing affidavit, consisting of three (3) pages, and that the information contained therein, is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Affiant

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**ORDER ON MOTION FOR SUBSIDIZED  
ALTERNATIVE DISPUTE RESOLUTION PROCEDURES  
Family Law Cases REVISED MARCH 24, 2010**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Court considered the Motion for Alternative Dispute Resolution Procedure of, \_\_\_\_\_ Movant.

**THE COURT FINDS THAT A SWORN INVENTORY or EQUIVILANT HAS BEEN FILED WITH THE CLERK.**

**THE COURT FINDS THAT THE MOVANT HAS COMPLETED AN APPROVED PARENTING COURSE AND THE CERTIFICATE OF COMPLETION IS ATTACHED TO THE MOTION and IS IN THE COURT FILE.**

**IT IS ORDERED** that the Motion for Alternative Dispute Resolution Procedures of Movant is GRANTED.

**IT IS ORDERED** that the pending dispute be referred to mediation pursuant to Texas Civil Practice and Remedies Code, §154.0001 et. seq. Mediation is a non-binding settlement conference, conducted with the assistance of a neutral third party.

**IT IS ORDERED** that

Mediator's name

\_\_\_\_\_

Mediator's Address

\_\_\_\_\_

Mediator's Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

a person qualified as an impartial third party, is appointed an impartial third party to facilitate the procedure.

**IT IS FURTHER ORDERED** that the mediator shall\_\_

1. encourage and assist the parties in reaching settlement of their dispute but may not compel or coerce the parties to enter into a settlement agreement;

2. not disclose to either party information given in confidence by the other and shall at all times maintain confidentiality with respect to communications relating to the subject matter of the dispute,

unless expressly authorized by the disclosing party in writing;

3. keep confidential and never disclose to anyone, including this Court, any and all matters including the conduct and demeanor of the parties and their counsel during the settlement process, unless the parties agree otherwise in writing.

**IT IS ORDERED** that all the parties and their attorneys shall cooperate with the mediator and attend all appointments, interviews, hearings, and meetings. The parties shall submit the following information to the mediator within ten (10) days of the signing of this order: style of case, name of party, address and daytime telephone number, name of attorney of record, address and telephone number and a copy of this Order.

**IT IS ORDERED** that the parties and/or their attorneys shall contact the named mediator within ten (10) days of the signing of this order and make the necessary arrangements to begin the mediation process. Based upon the affidavit and/or sworn inventory and appraisal prepared in substantial compliance with the State Bar of Texas, Texas Family Procedures Manual Form 7-1 and its amendments and additions thereto,

**IT IS ORDERED** that the compensation of the impartial third party, mediator shall be borne in the following manner:

The gross income of the Petitioner is found to be \$ \_\_\_\_\_ **Petitioner has represented to the Court that the total net assets of the parties' estate, excluding the primary residence, are less than \$40,000.00.**

**CHOOSE ONE:**

\_\_\_\_\_ As Qualifying party, pursuant to the terms and conditions of the Galveston County Mediation Services program, Petitioner shall pay \$ \_\_\_\_\_ per hour /flat fee for a maximum of five (5) hours of subsidized mediation.

**AND/OR**

\_\_\_\_\_ As a Non-qualifying party, pursuant to the terms and conditions of the Galveston County Mediation Services program. Petitioner shall pay fifty percent (50%) of the mediator's regular hourly rate for mediation services.

**IT IS ORDERED THAT THE MEDIATOR'S USUAL FEE FOR A PARTY SHALL BE PAID TO THE MEDIATOR FOR ALL TIME IN MEDIATION BEYOND THE 5 HOURS ALLOWED UNDER THE SUBSIDIZED MEDIATION PLAN. THIS APPLIES TO ALL PARTIES WHETHER THEY ARE ENTITLED TO SUBSIDIZED MEDIATION OR NOT.**

**IT IS FURTHERED ORDERED THAT A MEDIATOR APPOINTED UNDER A SUBSIDIZED MEDIATION ORDER SHALL BE ENTITLED TO A MINIMUM FEE OF \$100.00 IF THE MEDIATION IS SET AND THE PARTIES SETTLE PRIOR TO MEDIATION OR ONE OR BOTH OF THE PARTIES FAIL TO SHOW UP FOR THE MEDIATION.**

The gross income of Respondent is found to be \$ \_\_\_\_\_ **Respondent has represented to the Court that the total net assets of the parties' estate, excluding the primary residence, are less than \$40,000.00.**

**CHOOSE ONE:**

\_\_\_\_\_ As Qualifying party, pursuant to the terms and conditions of the Galveston County Mediation Services program, Respondent shall pay \$ \_\_\_\_\_ per hour for a maximum of five (5) hours of subsidized mediation.

**AND/OR**

\_\_\_\_\_ As a Non-qualifying party, pursuant to the terms and conditions of the Galveston County Mediation Services program. Respondent shall pay fifty percent (50%) of the mediator's regular hourly rate for mediation services.

The mediator shall submit to the Galveston County Mediation Services a voucher for services rendered less fees paid directly by the parties to the mediator. The fees incurred in mediation shall be taxed as cost. Each party and their attorneys shall be bound by the rules of mediation and shall provide to the mediator any information, which may be necessary for the mediation process.

The parties shall be present during the entire mediation process. Counsel(s) and parties shall proceed in a good faith effort to resolve this case and shall agree upon a mediation date within the next 30 days. If no agreed date can be scheduled within the next 30 days, then the Mediator shall select a date and all parties shall appear as directed by the Mediator.

**IT IS ORDERED that the Mediator shall have the authority to refer the case back to the Court for clarification of the subsidized mediation fees, if the current financial circumstances are inconsistent with the affidavit and this current subsidized order. The fee may be altered by agreement of the parties, their attorneys and the mediator based upon the new information.**

**IT IS FURTHER ORDERED** that if net recovery, after legal fees expenses and cost of litigation, is greater than \$40,000.00 the receiving party shall pay the mediator's regular fee at the time of the mediation or as agreed upon between the mediator and the receiving party. The mediator shall then file a Supreme Court Report with the Court showing payment by the party and none due from the Mediation Fund.

Referral to mediation is not intended as a substitute for trial. If an agreement is not reached in mediation, the case will proceed to trial.

SIGNED on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
JUDGE PRESIDING

**APPROVED AS TO FORM AND CONTENT:**

Signature of Attorney or Pro Se Litigant \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

**The signing of this Order by the Attorney or Pro Se Party is required. The signing of this Order is the acknowledgment by the person executing same that the supporting documentation has previously been filed or is being filed simultaneously with this Order, that it true and correct and that the fee stated in the Order has been accurately computed based upon the current Mediation Board Subsidy Guidelines.**