

**Franklin York Mediations P.L.L.C.**  
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**CONFIDENTIAL POSITION STATEMENT  
AND AGREEMENT FOR MEDIATION**

1. **Style:** Parties, Court, and Cause No., if any
  
2. **Facts and Issues:** Please provide a description of the facts and issues giving rise to claims and defenses. (You may attach pleadings or other documents, briefs, or other materials, if descriptive.)
  
3. **Parties:** Please look at the first page of the cover letter, which accompanies this information sheet. If counsel for any party has been omitted, please provide their name, address, and telephone number.
  
4. Do you have sufficient information to go to mediation in this case?  
 YES  
 NO
  
5. **Authority:** A client who has the authority to sign an agreement, which is binding without later ratification, must sign the agreement, in addition to counsel, if any.
  
6. **Time:** Mediation requires time to hear, explore, and discuss interests and options of the parties, usually one full business day, during which time both a client with authority and counsel/representative:

Do you anticipate a problem with adequate time for the mediation?

YES

NO

7. Has there been a domestic violence finding or a protective order issued in the past?  
 \_\_\_\_\_YES  
 \_\_\_\_\_NO
8. **Other Information:** Please provide or attach any other information which the mediator should be aware of prior to the mediation.
9. Names of any other parties you expect to attend the mediation.

AS PETITIONER AND RESPONDENT/REPRESENTATIVE OF RESPONDENT, ON BEHALF OF MY CLIENT, I/WE AGREE THAT ALICIA FRANKLIN YORK WILL SERVE AS MEDIATOR. I FURTHER AGREE TO PAY THE MEDIATION FEES AS STATED IN THE FEE SCHEDULE PRIOR TO THE START OF MEDIATION BY THE REQUESTED FORM OF PAYMENT.

I HAVE FURTHER ADVISED MY CLIENT OR PERSONALLY UNDERSTAND THAT THE MEDIATOR DOES NOT SERVE AS COUNSEL TO ANY PARTY TO THE MEDIATION PROCESS AND THAT EACH PARTY MUST RELY SOLELY ON THEIR OWN RETAINED COUNSEL/ REPRESENTATIVE OR THEMSELVES FOR LEGAL ADVICE.

RESPECTFULLY SUBMITTED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTORNEY OF RECORD FOR: \_\_\_\_\_  
 (Printed Name of Party)

- \_\_\_\_\_ Plaintiff/Petitioner
- \_\_\_\_\_ Defendant/Respondent
- \_\_\_\_\_ Intervenor
- \_\_\_\_\_ Pro Se