



**THE
DISPUTE RESOLUTION INSTITUTE**

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**PLAINTIFF'S SPECIAL ADR PERSONAL
INJURY MEDIATION MEMORANDUM**

BY: NAME:
ON BEHALF OF:
TELEPHONE NO.:
FAX NO.:
E-MAIL:

1. Full caption including court term and number and/or claim number:

2. Please state all those who will attend the mediation. Attendance by all plaintiffs is mandatory.

3. Age of plaintiff/marital status/employment status:

4. Factual background (date of accident/nature of case):

5. Basis of liability (negligence, strict liability, etc.):

6. Injuries sustained:

7. Nature and course of treatment:

8. Any permanent conditions or scarring:

9. Present condition:

10. Amount of medical specials (indicate if any unpaid), and any medical or comp liens:

11. Other items of special damage (work loss, etc.)

12. Any special facts or unique legal issues which affect valuation:

13. Last demand/offer:

**PLEASE ATTACH PERTINENT RECORDS
EXPERT REPORTS AND DEPOSITIONS
THAT YOU THINK WILL BE HELPFUL
FOR THE MEDIATOR TO REVIEW PRIOR
TO THE MEDIATION SESSION**