



**THE
DISPUTE RESOLUTION INSTITUTE**

660 TWO LOGAN SQUARE
18TH AND ARCH STREETS
PHILADELPHIA, PENNSYLVANIA 19103
www.adrdri.com

(800) 656-1-ADR
(215) 656-4-DRI
FAX (215) 656-4089

DIRECTOR

Harris T. Bock, Esq.

hbock@adrdri.com

**DEFENSE 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. While the presence of your principal is not mandatory, it is strongly encouraged.

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

4. Defense contention regarding liability:

5. Defense contention regarding injuries and causation:

6. Defense contention regarding any alleged permanent conditions or scarring:

7. Defense position regarding plaintiff's present condition:

8. Amount and identity of any medical or Worker's Comp liens:

9. Defense position respecting other items of special damage (work loss, etc.)

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

11. 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**