



THE DISPUTE RESOLUTION INSTITUTE

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DEFENDANT'S SPECIAL ADR PERSONAL INJURY ARBITRATION MEMORANDUM

BY: NAME: _____
ADDRESS: _____

CITY/STATE/ZIP: _____
EMAIL: _____
TELEPHONE NO.: _____ **FAX NO.:** _____
ON BEHALF OF: _____ **DATE PREPARED:** _____

1. Full caption (including court term and number), insurance company and claim number:

2. The identity of any witnesses you intend to present at the arbitration:

3. Your estimate of how long it will take to present your portion of the case:

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

5. Defense contention respecting liability:

6. Defense contention respecting alleged injuries:

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

8. Most recent demand: _____ Most recent offer: _____
(This information should only be provided if all counsel agree)

**PLEASE ATTACH PERTINENT RECORDS,
EXPERT REPORTS, AND DEPOSITIONS THAT YOU
INTEND TO RELY UPON AT THE ARBITRATION
OR WHICH COUNSEL AGREE ARE APPROPRIATE
FOR THE NEUTRAL ARBITRATOR TO REVIEW.**