



THE DISPUTE RESOLUTION INSTITUTE

Phone: 215.656.4374
Fax: 215.656.4089

www.DisputeRI.com

DEFENDANT'S SPECIAL ADR PERSONAL INJURY MEDIATION 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. Please state who will attend the mediation (state the name of the claims professional responsible for the matter):

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

4. Defense contention respecting liability:

5. Defense contention respecting alleged injuries:

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

7. 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 THINK WILL BE HELPFUL
FOR THE MEDIATOR TO REVIEW PRIOR
TO THE MEDIATION SESSION**