



**THE
DISPUTE RESOLUTION INSTITUTE**

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**PLAINTIFF'S SPECIAL ADR PERSONAL
INJURY ARBITRATION 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. Whether or not you intend to present any witnesses at the arbitration and, if so, their identity:

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

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 of unique legal issues which affect valuation:

13. **ONLY IF ALL PARTIES AGREE -**

Last demand/offer; high/low parameters:

**PLEASE ATTACH PERTINENT RECORDS,
EXPERT REPORTS AND DEPOSITIONS THAT
YOU WILL RELY UPON AT ARBITRATION**