



**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**