Response to ADR Offer

Case Reference No:	
Date:	
Details of Respondent(s):	Plaintiff/ Defendant/ Third Party/ Others (please state)*
The Respondent(s) are willing to attempt medi	iation/neutral evaluation/others (please state)*
The Respondent(s) are unwilling to attempt me for the following reasons:*	ediation/neutral evaluation/others (please state)*
Please state detailed reasons for unwillingne	ss to attempt ADR.
The Respondent(s) are willing to accept the formula and the state proposals of the Applicant(s) being the state proposals of the Applicant (s) being the state proposals of the Applicant (s	
The Respondent(s) have the following counter	-proposals:
Please state counter-proposals, e.g. possible particular ADR body, appointment of particu	

^{*} Delete as appropriate

Τ	This is to certify that:	
i. iii	(ADR) options;	DR is this costs any, as fuct in
S	Signature of Respondent(s):	
N	Name:	
Γ	Date:	
	Name of Counsel	
	(if applicable):	
	Law Firm (if applicable):	
	Zaw Tim (ii approacio).	
_	Cionatura of Councel	
	Signature of Counsel	
	(if applicable):	
	January Community (if	
	Insurance Company (if	
	applicable):	
-	NY CARL 1	
	Name of Authorised	
	Representative of Insurance	
	Company (if applicable):	
	Signature of Authorised	
	Representative of Insurance	
1	Company (if applicable):	