ADR Offer

Case Reference No:	
Date:	
Details of Applicant(s):	Plaintiff/ Defendant/ Third Party/ Others (please state)*
he Applicant(s) are willing to attemp	ot mediation/ neutral evaluation/ others (please state)*
he Applicant(s) have the following p	proposals:
Please state proposals, e.g. possible ADR body, appointment of particul	le dates for the ADR session, reference to particular lar ADR practitioner, venue, etc.
Delete as appropriate	
Name of Applicant(s):	
reality of Applicant(s).	
Signature of Applicant(s):	
Name of Counsel (if applicable):	
Law Firm (if applicable):	
Signature of Counsel (if applicable):	
Insurance Company (if applicable):	

Name of Authorised Representative of Insurance Company (if applicable):	
Signature of Authorised Representative of Insurance Company (if applicable):	