

OGUN MULTI-DOOR COURTHOUSE

ISABO, ABEOKUTA

FORM 6

OMDC NO.....

CERTIFICATE OF DEFAULT

BETWEEN

_____ **APPLICANT**

AND

_____ **RESPONDENT**

I, _____, Director of the OMDC, hereby certify that:

1. This case was referred to the A.D.R. Centre and notice was properly given to the parties and/or their counsel.
2. Party/Counsel for the Applicant/Respondent (circle one) failed to comply with the requirements of the Practice Direction as follows:
 - () failed to certify service of Memorandum of Parties
 - () failed to co-operate in providing a Statement of Issues
 - () failed to attend the A. D. R. Session with a person having authority to settle the dispute as required by articles 4.1 and 4.2.
 - () failed to attend the A.D.R. Session without appropriate notice.
 - () failed to convene the A. D. R. Session within 3 months of referral
 - () failed to agree on the Neutral
3. The Applicant/Respondent attended the scheduled A. D. R. Session but after _____ minutes no one appeared for or as the Applicant/Respondent.

Dated:

Director, OMDC