Case No. ____ - A -_____

Request for Arbitration of a Fee Dispute

State Bar fee arbitration matters are governed by the State Bar rules of procedure for fee arbitrations which were sent to you with this form. If you do not have a copy of the rules of procedure, contact this office IMMEDIATELY or download the rules from the website: www.calbar.ca.gov. You should read the rules carefully and if you still have questions after you have done so, contact this office for additional information.

Mail this form with the filing fee and requisite number of copies to:

The State Bar of California
Mandatory Fee Arbitration Program
180 Howard Street
San Francisco, CA 94105-1639
Telephone (415) 538-2020
Fax No. (415) 538-2335

Please print or type.

1. (a) **CLIENT**

Name

Box or street address

City State Zip Code

( )
Area Code Telephone Number

(b) **NAME OF ATTORNEY** (with whom there is a fee dispute)

Name

Name of Firm, if any

Box or street address

City State Zip Code

( )
Area Code Telephone Number

(c) **PERSON WHO PAID ATTORNEY'S FEES**:
(If different from (a) above)

Name

Box or street address

City State Zip Code

( )
Area Code Telephone Number

2. If you are, or will be, represented by an attorney in the arbitration, provide the name, address and telephone number:

Name

Address State Zip Code

( )
Area Code Telephone Number

3. The hearing in this matter will take place in the county where most of the legal services were provided. In what county were most of the services provided?

_____
County

4. (a) When did the client first hire the attorney?

_____/_____/_____
Month Day Year

(b) When did the attorney stop representing the client or provide a final bill (whichever is later)?

_____/_____/_____
Month Day Year

5. What type of case was the attorney handling for the client (divorce, criminal, etc.)?

_____

6. (a) Is there a written fee agreement? (If yes, **attach a copy**.) ☐ Yes ☐ No

(b) Is there a written agreement that fee disputes will be submitted to a Mandatory Fee Arbitration Program? (If other than the written fee agreement, **attach a copy**.) ☐ Yes ☐ No

7. (a) Did the attorney give the client or person responsible for payment of the fees a written notice of their right to mandatory fee arbitration? ☐ Yes ☐ No
(If yes, **attach a copy of the notice**.)

(b) If yes, when was the written notice received? _____/_____/_____

8. (a) Has a lawsuit been filed to collect the fees or costs? ☐ Yes ☐ No
(If yes, **attach a copy of the complaint**.)

(b) If a lawsuit has been filed, has the lawsuit been answered? ☐ Yes ☐ No
(If yes, **attach a copy of the answer**.)

9. Were the attorney's fees ordered by the court or set by law? ☐ Yes ☐ No
(If yes, explain on a separate sheet.)

10. What are your reasons for using the State Bar to arbitrate this dispute instead of a local bar program?

□ There is no local bar program available in the county where most of the legal services were provided.

□ I believe that I will not receive a fair hearing through the local bar program. (If checked, you must submit a written declaration signed under penalty of perjury or provide a letter from the local bar program to support your belief. The State Bar Program will determine whether your showing is satisfactory. If you do not provide the required written support for your belief, your request for the State Bar program to handle the dispute instead of a local bar program will be rejected.)

□ The local bar does not waive filing fees and you are requesting a waiver of filing fees.

□ The local bar program requires that the arbitration be binding and you do not agree to binding arbitration.

□ The local bar will not arbitrate with incarcerated clients and the client is incarcerated.

□ Other _____.

11. Amount the client already paid the attorney $ _____

12. Additional amount, if any, the attorney says is still owed $ _____

13. Add lines 11 and 12 $ _____

14. Total amount the client or person responsible for fees says the attorney should be paid $_____

15. Subtract line 14 from line 13. **This is the disputed amount**. $ _____

16. Filing Fee:(5% of the disputed amount shown on line 15 with a minimum fee of $50.00 and a maximum fee of $5,000.)
$ _____

Make your check or money order payable to the **State Bar of California**. Do not send cash.

17. Provide a summary description of the fee dispute. Attach additional sheets if necessary.

_____

_____

_____

_____

_____

18. If the fee dispute is for $15,000 or less, it is heard by one (1) arbitrator. If it is for more than $15,000, it is heard by three (3) arbitrators. If all parties agree, you can have the dispute heard by one (1) arbitrator even if the dispute is for more than $15,000. Select one only. **If you request an arbitration hearing with one arbitrator please submit the original Request plus two copies, if three arbitrators, submit the original Request plus four copies.**

☐ The dispute is for $15,000 or less, or

☐ The dispute is for more than $15,000 and you agree to one arbitrator, or

☐ The dispute is for more than $15,000 and you request three arbitrators.

19. Unless both parties agree in writing to BINDING ARBITRATION after the fee dispute arises, this arbitration is NON-BINDING. Non-binding arbitration means that if either party is unhappy with the award, either party has the right to ask for a trial in a *civil court.* Requesting a trial after arbitration will require filing documents with the appropriate court within 30 days from the date the award is mailed, even if damages are not sought from the other party. Unless a party requests a trial after arbitration within 30 days, the award *automatically* becomes *final* and *binding*.

If both parties agree in writing to make the arbitration BINDING, a new trial may *not* be requested and the award will *immediately* become final and binding on both parties with limited rights to challenge the award in civil court.

Do you agree to binding arbitration? ☐ Yes ☐ No

20. If you are the client and the attorney represented you in a civil matter, you are entitled to chose an arbitrator who practices civil law. If your attorney represented you in a criminal matter, you are entitled to chose an arbitrator who practices criminal law. Please indicate your choice below.

☐ I do not have a preference.

☐ I want an attorney who practices civil law as an arbitrator.

☐ I want an attorney who practices criminal law as an arbitrator.

I declare under penalty of perjury under the laws of the State of California that my statements on this request and any attachments are true and correct.

_____

Sign here

Signature of _____ Date _____/_____/_____
(print your name) Month Day Year

_____

Sign here (if more than one person is requesting arbitration)

Signature of _____ Date _____/_____/_____
(print your name) Month Day Year