

ATTENTION!!!!

REQUIRED AWARD FORMAT

The State Bar of California Minimum Standards governing these mandatory fee disputes requires certain specific Language in the award. To assist you in meeting the requirement, we are providing you with a sample of the required award format. Please review this and draft your award accordingly.

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Award of the Contra Costa County Bar Association
Fee Arbitration Program

In the matter of the Mandatory Fee Arbitration between:

Petitioner

Case No. _____

Respondent

INTRODUCTION

The Petitioner is the [client/attorney/non-client].

The Respondent is the [client/attorney/non-client].

The matter was heard on (DATE) at (TIME) before [a single arbitrator (NAME)/a panel of three arbitrators, (NAME), (NAME), and (NAME)].

The Petitioner, (NAME), was [present/not present]. The Petitioner was represented by (NAME).

The Respondent, (NAME) was [present/not present]. The Respondent was represented by (NAME).

This arbitration is: Binding* Non-Binding

*Both parties must agree in writing for binding arbitration.

RESPONSIBLE ATTORNEY

Pursuant to Business and Professions Code 6203(d) the responsible attorney in this matter is (NAME).

FEES INCURRED AND AMOUNT IN DISPUTE

- 1. The amount that the Petitioner claims the services were worth: \$ _____
- 2. The amount that the Respondent claims the services were worth: \$ _____
- 3. The amount the client (or non-client) has paid the attorney: \$ _____
- 4. If there was a written fee agreement, under the fee agreement, what fees are owed: \$ _____
- 5. The amount that the arbitrator/panel determines the services were worth: \$ _____
- 6a. The filing fee was paid to the Program for arbitration by: **(NAME)**
- 6b. The amount of the filing fee paid to the Program was: \$ _____

STATEMENT OF FACTS/ISSUES IN DISPUTE

[Who was hired to do what; what was done; why client/non-client believes fees were not earned, etc.]

DISCUSSION (Statement of Reasoning)

[Follow "Checklist for Awards. B&P Code § 6203(a) requires "a determination of all the questions submitted to the arbitrators, the decision of which is necessary in order to determine the controversy."]

AWARD

The arbitrator/panel finds that the total amount of fees and/or costs which should have been charged in this matter are: \$ _____

Of which the client/non-client is found to have paid: \$ _____

In addition, the fee arbitration filing fee shall be allocated:

Client/Non-client: \$ _____
 Attorney: \$ _____

Subtotal: \$ _____

For a net amount of: \$ _____

[IMPORTANT: It is REQUIRED that you use the parties names rather than attorney/client or petitioner/respondent in the following section]

Accordingly, the following award is made:

(a) Client **(Name)**, or Non-client **(Name)** shall pay
Attorney **(Name)**:

\$ _____ plus
interest in the amount of ten
percent per annum from the
30th day after the date of
service of this award.

OR

(b) Attorney, **(Name)** shall refund Client **(Name)**,
or Non-client **(Name)**:

\$ _____ plus
interest in the amount of ten
percent per annum from the
30th day after the date of
service of this award.

OR

(c) Nothing further shall be paid by either attorney or client/non-client.

Arbitrator Name (Print)

Arbitrator Name (Signature)

Dated

Arbitrator Name (Print)

Arbitrator Name (Signature)

Dated

Arbitrator Name (Print)

Arbitrator Name (Signature)

Dated

[REMINDER: The Award *must* be sent to CCCBA for procedural review and service. Please DO NOT send the award directly to the parties. CCCBA will serve a copy of this award on the parties with the required "Notice of Your Rights after Fee Arbitration" form. Thank you.]