



BAR ASSOCIATION

704 Main Street, Martinez, CA 94553

925-686-6900 / FAX 925-686-9867 / www.cccba.org

Date Received: _____
Check # _____
Visa _____ MasterCard _____
Amex _____ Discover _____
Filing Fee: \$ _____

Case # _____

REQUEST BY CLIENT FOR ARBITRATION OF A FEE DISPUTE

MAIL the completed original request form and required attachments to the above address. Enclose (5) copies and the filing fee. Additional documents and statements will be submitted directly to the mediator and/or arbitrator(s) at a later date in accordance with the time-frames in Rules 4(a) (1) (iv), 5(e), and 8(h), as applicable.

Please print clearly.

The client is the person the attorney represented.

1. Client's Name _____
2. Non-Client's Name [when applicable per Rule 2(b)] _____
a. Relationship to client _____
Address (of filing party) _____
City, State & Zip _____
Work Phone _____
Home Phone _____
Fax _____
Email _____

The attorney with whom there is a fee dispute.

3. Attorney's Name _____
Law Firm _____
Office Address _____
City, State & Zip _____
Phone _____
Fax _____
Email _____

4. Type of case the attorney was hired to handle: _____
(such as: Real Estate; Bankruptcy; Divorce)
a. If a suit has been filed, in what county? _____
b. Do you have a written fee agreement? [] NO [] YES (ATTACH COPY)

5. Has any suit to collect fees been filed against you? [] NO [] YES (ATTACH COPY)
a. If so, in what county? _____
b. If so, have you filed an answer to the suit? [] NO [] YES (ATTACH COPY)

6. Have you filed a civil action against the attorney? [] NO [] YES (ATTACH COPY)

If you have answered YES to any part of questions 5 or 6 call the bar association at (925) 686-6900 for more information.

7. Total amount billed to date? \$ _____

8. Total amount paid to date? \$ _____

9. How much of the attorney fees are in dispute? \$ _____ Indicate the specific dollar amount.
The amount in dispute is the portion of the fee which you are claiming is overcharged or not properly earned.

Schedule of Filing Fees

Table with 2 columns: IF AMOUNT OF YOUR DISPUTE IS, YOUR FILING FEE. Rows include: Less than \$2,999.99 (\$100.00), \$3,000.00 - \$4,999.99 (\$250.00), \$5,000.00 - \$9,999.99 (\$400.00), \$10,000.00 & over (\$500.00 plus 1% of amount over \$10,000.00)

10. AMOUNT OF FILING FEE I HAVE ENCLOSED: \$ _____

REFER TO THE CCCBA "RULES OF PROCEDURE", RULE 3(e) FOR OUR REFUND POLICY. MAKE CHECKS PAYABLE TO: CCCBA

VOLUNTARY MEDIATION: Mediation of fee disputes is a voluntary, consensual process where the attorney and client, with the assistance of a trained, neutral mediator, attempt to reach an agreement about how to resolve the dispute. Under the CCCBA "Rules of Procedure", Rule 8 mediation is an alternative to arbitration. **Any dispute not resolved through mediation will be assigned to a sole arbitrator or hearing panel for arbitration, so you must complete this entire form.**

11. YES, I would like to try mediation, first. I have signed the "Agreement to Mediate". **(ATTACH ORIGINAL)**
- NO, I do not want to mediate this dispute.

FEE ARBITRATION: Attorney Fee Arbitration is governed by Article 13 of the Business & Profession Code §6200. An advisory arbitration is called **NON-BINDING**. Any party who is not satisfied with the non-binding award has 30 days after the award has been served to file an action or other proceeding with the proper court. A **NON-BINDING ARBITRATION AWARD AUTOMATICALLY BECOMES BINDING AFTER 30 DAYS IF NO FURTHER ACTION IS TAKEN.**

AFTER a fee dispute has arisen all the parties may agree in writing that the arbitration will be **BINDING**. This means that even if a party is not satisfied with the binding award, **NO APPEAL OR FURTHER PROCEEDINGS IS ALLOWED, EXCEPT THAT PROVIDED FOR IN THE CODE OF CIVIL PROCEDURE SECTION 1285.**

12. YES, I agree to binding arbitration. I have signed the "Agreement for Binding Arbitration" **(ATTACH ORIGINAL)**
- NO, I do not agree to binding arbitration.

If your dispute is \$1,000 or less, the arbitration will be decided by a "Desk Arbitration" whereby parties submit their arguments and evidence to the arbitrator in writing. Refer to Rule of Procedure 4 (a) (1) (iv) for complete information.

If your dispute is less than \$25,000 your arbitration will be heard by 1 arbitrator.

If your dispute is \$25,000 or more, the arbitration will be heard by 3 arbitrators, one of who shall be a public (non-lawyer) member. However, if you and the attorney agree, you can have the dispute heard by a single attorney arbitrator.

13. YES, my dispute is \$25,000 or more and I agree to have the dispute heard by a single arbitrator.
14. At the option of the client, one member of a 3 person panel or the sole arbitrator shall be an attorney whose area of practice is either civil law, if the attorney's representation involved civil law, or criminal law, if the attorney's representation involved criminal law. No preference Civil Criminal

15. PLEASE GIVE A BRIEF DESCRIPTION OF THE DISPUTE. If you require more space, attach a separate sheet of paper.

16. The above information is true and correct to the best of my knowledge and I hereby request arbitration based on same.

_____ **Date:** _____.

Signature of Client

_____ **Date:** _____.

Signature of Non-Client [when applicable per Rule 2(b)]

17. If an attorney will be representing you during this process, please provide his or her:

Name _____

Law Firm _____

Office Address _____

City, State & Zip _____

Phone _____

Fax _____

Email _____