

# ATTORNEY'S REQUEST FOR ARBITRATION OF A FEE DISPUTE

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

Riverside County Bar Association  
Fee Arbitration Program  
4129 Main Street, Suite 100  
Riverside, CA 92501  
Phone (951) 682-1015

**RCBA USE ONLY**

Case # \_\_\_\_\_

Filing Fee \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**Please print or type.**

1. (a) ATTORNEY: Bar # \_\_\_\_\_

Name \_\_\_\_\_

Name of Law Firm, if any \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

(b) CLIENT (with whom there is a fee dispute):

Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

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

Name of Attorney \_\_\_\_\_

Name of Law Firm (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

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? (Date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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. Did the attorney make billing arrangements with the client? (If yes, please describe.)  YES  NO

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8. What is the total amount of fees charged by the attorney? \$ \_\_\_\_\_

9. How much of the fees have the client already paid, if any? \$ \_\_\_\_\_

10. What is the Amount in Dispute? (Subtract line 9 from line 8 above.) \$ \_\_\_\_\_

11. **FILING FEE:** 5% of the disputed amount if less than \$10, 000 (*line 10*); or, 7% of the amount in dispute if \$10,000 or more (Minimum filing fee is \$100 and Maximum is \$5,000)  
Make your check payable to **Riverside County Bar Association**. \$ \_\_\_\_\_

12. Provide a summary description of the fee dispute. Attach additional sheets if necessary. \_\_\_\_\_

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13. If the fee dispute is for \$10,000 or less, it is heard by one (1) arbitrator. If it is for more than \$10,000, 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 \$10,000. Select one only.

- The dispute is for \$10,000 or less, or
- The dispute is for *more* than \$10,000 and you agree to **one** arbitrator, or
- The dispute is for *more* than \$10,000 and you request **three** arbitrators.

14. Unless **both** attorney and client 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* 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 civil 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.

Do you agree to binding arbitration?  YES  NO

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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** If your dispute is for \$10,000 or less, please submit the original Request form and any supporting documents along with **two** additional copies of the form and documents (for a total of 3 sets). If the dispute is for more than \$10,000, please submit the original Request plus **four** additional copies (for a total of 5 sets).