

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? YES NO
(If other than the written fee agreement, **attach a copy.**)

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

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. _____

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).