

## INSTRUCTIONS

- 1.) **READ** the *Rules of Procedure for Fee Arbitrations*. If you do not have a copy, please contact us, 951-682-1015. The rules are also available on our website, [www.riversidecountybar.com](http://www.riversidecountybar.com).
  - 2.) **COMPLETE** both pages of the *Request for Arbitration of a Fee Dispute* form. Attach a statement to describe your fee dispute with the attorney. Sign and date the form. **An incomplete Request form will be returned to you and will not be considered as filed with our program.** If you are initiating the fee dispute because you received a *Notice of Client's Right to Arbitration* from the attorney, the request form must be post-marked or received by the Arbitration Program on or before the 30th day from the date of your receipt of the Notice. If you do not file or postmark by the 30-day deadline, you will have waived your right to fee arbitration and entitle the attorney to file an action in court or pursue other proceeding against you to collect attorney's fees.
  - 3.) **Send a copy of your completed Request for Arbitration of a Fee Dispute form to the attorney** with whom you have the fee dispute.
  - 4.) **MAIL to the RCBA office the following:**
    - The **completed original Request for Arbitration of a Fee Dispute form and any supporting documents** that you wish to submit, accompanied by:
      - **two (2) additional copies** of the request form **and** your supporting documents if the disputed amount is **for \$10,000 or less**; (*total – 3 sets of the form and documents*)
      - OR -
      - **four (4) additional copies** of the request form **and** your supporting documents if the disputed amount is **more than \$10,000**; (*total – 5 sets of the form and documents*)
    - A check or money order for the filing fee**, payable to Riverside County Bar Association.
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## OTHER INFORMATION

- 1.) The Fee Arbitration Panel **cannot hear or decide**: (a) disputes concerning court-ordered attorneys' fees or costs, or (b) issues concerning malpractice or ethical disputes. Evidence relating to claims of malpractice or professional misconduct may be admissible in fee arbitration proceedings only to the extent that those claims bear upon the issues of fees or costs to which the attorney is entitled.
- 2.) **WHO CAN REQUEST ARBITRATION**. Only the person or entity represented by the attorney, a person who may be liable for payment or entitled to a refund of attorney's fees can request arbitration, or the attorney may request fee arbitration. Fee arbitration requested by a client/other person is required for the attorney, and voluntary for the client/other person if requested by the attorney, unless there is written agreement to submit disputes over attorney's fees and costs to Mandatory Fee Arbitration.
- 3.) **FEE DISPUTES INVOLVING \$1,000 OR LESS**. Fee disputes involving \$1,000.00 or less are generally decided without a hearing by the Presiding Arbitrator based on the pleadings. Each party must submit all supporting documents and a complete written statement of the reasons for the dispute under penalty of perjury. If the amount in controversy is less than \$1,000.00 but more than \$500.00, any party may request a hearing, either in person or telephonically, before the Presiding Arbitrator assigned to the matter in addition to providing the written information required. (Rule 21.3)
- 4.) **STAY OF PROCEEDINGS**. If you have been sued, you may stay the action by filing a *Notice of Stay of Proceedings* form with a copy of your completed request for arbitration form with the court and the attorney (Rule 9). (The form is available on our website, [www.riversidecountybar.com](http://www.riversidecountybar.com), or at the court clerk's office.)
- 5.) **WAIVER OF PERSONAL APPEARANCE**. If you cannot attend the hearing, you may waive your personal appearance (Rule 27) and have the matter decided on the documents submitted, appear by telephone subject to the Panel Chair's approval, or have someone appear for you. If you wish to waive your personal appearance or if you want someone else to appear for you, a written and signed declaration (stating the name of your representative, if any) must be filed with the Program office at least 10 days prior to the hearing.

# REQUEST FOR ARBITRATION OF A FEE DISPUTE

Before submitting a request for fee arbitration, clients are urged to ask the attorney for an itemized statement of services rendered and costs incurred, and to discuss the statement (fee dispute) with the attorney. This Request for Arbitration should only be filed if the fee dispute cannot be resolved.

## RCBA USE ONLY

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

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

Date \_\_\_\_\_

### Please print or type.

#### 1. (a) CLIENT:

\_\_\_\_\_  
Name

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

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

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

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

#### (b) ATTORNEY (with whom there is a fee dispute):

\_\_\_\_\_  
Name

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

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

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

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

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

#### (c) PERSON WHO PAID THE ATTORNEY'S FEES [if different from (a) above]:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Phone Number Fax Number Email Address

#### 2. If you are, or will be, represented by an attorney 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. Were you referred to the attorney through the RCBA's Lawyer Referral Service?  YES  NO

5. (a) When did you (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) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

7. (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.**)

8. Were the attorney's fees ordered by the court or set by law? (If yes, explain on a separate sheet.)  YES  NO

9. (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? (If yes, **attach a copy of the notice.**)  YES  NO

If yes, what is the: (b) Date on the Notice \_\_\_\_\_ (c) Date you received the Notice \_\_\_\_\_

10. (a) Has a lawsuit been filed to collect the fees or costs? (If yes, **attach a copy of the complaint.**)  YES  NO

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

11. Check appropriate box if you specifically wish to have an arbitrator appointed who practices:  
(must be related to the underlying case)  Civil Law  Criminal Law  No Preference

12. Enter total amount you (the client) have **already paid to the attorney** \$ \_\_\_\_\_

13. Enter additional amount, if any, the attorney says is **still owed** \$ \_\_\_\_\_

14. **Add lines 12 and 13 together** for a total of all attorney fees/costs \$ \_\_\_\_\_

15. Enter total amount of fees you say the attorney should be paid (or has earned) \$ \_\_\_\_\_

16. **Subtract line 15 from line 14. This is the total amount in dispute.** \$ \_\_\_\_\_

17. **FILING FEE** (Rule 15): If the total amount in dispute (from line 16 above) is less than or equal to \$2,000, the filing fee is \$100. If the total amount in dispute is **more than \$2,000 but less than \$10,000**, the **filing fee is 5%** of the total amount in dispute. If the total amount in dispute is **\$10,000 or more**, the **filing fee is 7%** of the disputed amount. Maximum filing fee is \$5,000.  
The total filing fee for this arbitration matter is \$ \_\_\_\_\_, payable to Riverside County Bar Association.

18. **On a separate sheet of paper**, please provide a detailed statement describing the fee dispute with the attorney.  
 My statement (description) is attached.

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

20. 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* 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.

Do you agree to binding arbitration?  YES  NO

Note: For disputes of **\$10,000 or less**, submit the original Request for Arbitration form and 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 a **total of 5 sets**.

Prior to filing this Request for Arbitration with the RCBA office, I **certify that I have mailed a copy of this request by first class mail to the Attorney** at the address listed on the first page of this form, in line item 1(b). *Please initial here:* \_\_\_\_\_

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.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*If more than one person is requesting arbitration:*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_