

# ATTORNEY'S REPLY TO CLIENT'S REQUEST FOR ARBITRATION

\_\_\_\_\_  
(Client)

v.

\_\_\_\_\_  
(Attorney)

Case No: \_\_\_\_\_

## ATTORNEY'S REPLY:

(Attach additional sheets as necessary)

**Please mail this form and any supporting documents, along with**

- **two additional copies** – of this form and your supporting documents – if the disputed amount is for \$10,000 or less

– OR –

- **four additional copies** – of this form and your supporting documents – if the disputed amount is for more than \$10,000

**to the following address:**

Riverside County Bar Association  
Fee Arbitration Program  
4129 Main Street, Suite 100  
Riverside, CA 92501

A.) If the fee dispute is for \$10,000 or less, it will be heard by one arbitrator. If the fee dispute is greater than \$10,000, it will be heard by three arbitrators. If both you and the client agree, you may have the case heard by one arbitrator even if the dispute is for more than \$10,000.

**The fee dispute is greater than \$10,000.**

**DO YOU AGREE TO ONE ARBITRATOR?**     **YES**     **NO**

B.) Unless both parties agree in writing to **BINDING ARBITRATION**, this arbitration is **NON-BINDING**, meaning either party, if dissatisfied with the award, has the right to request a new trial in a civil court within 30 days from the date the award is mailed. If neither party requests for a new trial within 30 days, the award becomes final and binding.

**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 reply and any attachments are true and correct.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date