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

Do you accept electronic service? ☐ Yes ☐ No

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

_____
Name

_____
Street Address or P.O. Box

_____
City State Zip Code

_____
Phone 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** (Rule 15): If the total amount in dispute (from line 10 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.

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 <u>binding</u> arbitration? ☐ YES ☐ NO

NOTE:

- If your dispute is for $10,000 or less, please submit the original Request form and any supporting documents to the RCBA office; **or,** if the dispute is for more than $10,000, please submit three (3) sets of your completed request and supporting documents to the RCBA.
- I certify that I have mailed a copy of this request for fee arbitration and any supporting documents by first class mail to the Client 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.

Date: _____ Signature: _____