



CLIENT'S REQUEST FOR ARBITRATION OF A FEE DISPUTE

Mail this **completed** form along with filing fee check or money order to:

**Sonoma County Bar Association Fee Arbitration Program
111 Santa Rosa Avenue, Suite 222, Santa Rosa, CA 95404-4945
(707) 542-1190 ext 19 / FAX: (707) 542-1195**

Please type or print

Today's Date _____

Client's name _____ Telephone (____) _____

Address _____ Email: _____

City _____ State _____ Zip _____

County of residence at time legal services commenced _____

Attorney's name _____ Telephone (____) _____
With whom you have the dispute

Address _____ City _____ Zip _____

Email: _____ When were the legal services rendered (where there is a dispute)? _____

In what county were the legal services rendered? _____

What type of case is involved in the dispute (e.g. divorce, bankruptcy, probate)? _____

Do you have a written fee agreement? (if yes, attach a copy) yes no

Were the fees court ordered? yes no

Has the attorney filed a suit against you to collect the fees? yes no
If yes, please call the SCBA @ (707) 542-1190, ext. 19.

Have you received a "Notice of Client's Rights to Arbitrate" yes no
informing you about arbitration and the 30 day limit to
respond?

*If yes, on what date did you
receive it?* _____

What was the amount of attorney's fees charged, claimed, or collected by the attorney?

A. \$ _____

How much do you think the fee should be?

B. \$ _____

The amount in controversy is the difference between amount A and amount B (*Subtract amount B from amount A and enter the difference here.*)

C. \$ _____

Your filing fee is determined by amount C.

<u>If the answer to amount C is:</u>	<u>BASE FEE</u>	<u>Plus Percentage Of Disputed Amount</u>
\$1 to 5,000	\$250	Plus 5%
\$5,001 to \$9,999	\$500	Plus 5%
\$10,000 and above	\$500	Plus 7%

The maximum filing fee to be charged on cases above \$10,000 will be \$7,500 *Make your check or money order payable to:* Sonoma County Bar Association. DO NOT SEND CASH.

I am enclosing my filing fee in the amount of:

\$ _____

Please give a description of the fee dispute. Attach additional sheets as necessary: _____

All fee disputes for less than \$10,000 are heard by one (1) arbitrator. If the fee dispute is for \$10,000 or more, the dispute is heard by three (3) arbitrators. If both you and the attorney agree, you can have the dispute heard by a single (1) arbitrator even if the dispute is for \$10,000 or more.

If you agree to one arbitrator, please check here.

Arbitration, according to Article 13 of the Business and Professions Code, can be ADVISORY/NON-BINDING or BINDING. Advisory means that if either you or the attorney are not satisfied with the award given, you have the right to file in the appropriate civil court for a new trial within 30 days of the date the "Findings and Award" is mailed to you. If neither you nor the attorney file for a new trial within this 30-day period, an advisory award automatically becomes final and BINDING.

If you and the attorney both agree to make the arbitration BINDING, a new trial may only be requested under certain circumstances. Please review the Rules for more information.

- Choose one: I want ADVISORY / NON-BINDING ARBITRATION
- I agree to BINDING ARBITRATION

You are entitled to choose whether one attorney arbitrator in a three person panel or the sole arbitrator in a matter heard

by one attorney arbitrator practices either civil or criminal law. Please indicate your choice below:

- I do not have a preference
- I want an attorney who practices civil law as an arbitrator.
- I want an attorney who practices criminal law as an arbitrator.

Signed by: _____ (Signature is mandatory) Date _____

I acknowledge receipt of the SCBA Fee Arbitration Rules of Procedure and agree to be bound by them.
The above information is true and correct to the best of my knowledge and I hereby request arbitration on same.

Signed by: _____ (Signature is mandatory) Date _____