



FEE ARBITRATION PROGRAM

ATTORNEY’S REPLY to CLIENT’S REQUEST for ARBITRATION

[Empty box for Client name]

Client

[Empty box for Attorney name]

Attorney

Mail this form to:

SONOMA COUNTY BAR ASSOCIATION
3035 Cleveland Avenue, Ste. 205
Santa Rosa, CA 95403

Participation in the fee arbitration is mandatory for all attorneys.

Attorney’s Reply:

All fee disputes for less than \$10,000 are heard by one arbitrator. If the fee dispute is for \$10,000 or more, three arbitrators will hear the dispute unless both you and the client agree to a single (1) arbitrator instead.

Do you waive your right to a three-person panel and agree to a single arbitrator to hear the dispute?

- Yes No

If both you and the client agree to make the arbitration binding, a new trial may not be requested and the award will be final and binding. Do you agree to binding arbitration?

- Yes No

I, \_\_\_\_\_, declare under penalty of perjury that I have sent a copy of this “Attorney’s Reply to Client’s Request for Arbitration” form by first class mail or arranged to have a process server deliver it to:

Client’s Name: \_\_\_\_\_

At: \_\_\_\_\_

Attorney’s Signature

On: \_\_\_\_\_

Date