

**In the Matter of Attorney's Fee Arbitration  
Before the Glendale Bar Association Lawyer Referral Service**

**Client's Request to Arbitrate a Fee Dispute**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Attorney

To begin arbitration, **YOU MUST:**

a) Completely fill out this form and mail the original with the correct filing fee as determined by #9 below, to:

Glendale Bar Association Lawyer Referral Service  
P.O. Box 968  
Glendale, CA 91209-0968  
(818)956-1633

b) The program Administrator will personally serve or mail, by certified mail, a copy of this form to the attorney, with the blank copy of the "Attorney's Reply to Client's Request for Arbitration" form D enclosed.

**PLEASE PRINT OR TYPE ALL INSERTIONS:**

28710. Your Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

28711. Attorney's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

28712. What type of case is involved in this fee dispute? (E.g., adoption, divorce, bankruptcy)

28713. When did you first hire the attorney? \_\_\_\_\_

28714. Do you have a written fee agreement?  Yes  No  
If so, please attach a copy.

28715. A) Has the Attorney sued you to collect the fee?  Yes  No

B) If so, have you filed an answer to the suit?  Yes  No

28716. Have you filed a suit against the attorney:  Yes  No

If you have answered Yes to question 6 or 7, call the Glendale Bar Association at (818) 956-1633 for further information before you proceed.

28717. 1) How much is the attorney claiming you owe? \$ \_\_\_\_\_

2) How much do you think the fee should be? \$ \_\_\_\_\_

3) Subtract line 2 from Line 1 and enter the difference \$ \_\_\_\_\_

9. Filing fee is five percent of the amount in dispute with a minimum fee of \$50.00 and a maximum fee of \$5,000.00.

Enclose the filing fee which is non-refundable. Indicate the amount enclosed: \$ \_\_\_\_\_

#### 10. Number of Arbitrators

a) If the fee dispute is for less than \$10,000.00, it is heard by one (1) arbitrator. If it is for \$10,000 or more, it is heard by three (3) arbitrators. If both you and the attorney agree, you can have the dispute heard by one (1) arbitrator even if the dispute is for \$10,000.00 or more.

Dispute is for less than \$10,000.00

Dispute is for \$10,000.00 or more and I **agree** to one arbitrator

Dispute is for \$10,000.00 or more and I do not agree to one arbitrator

b) 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.

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

11. Effect of Arbitration:

Arbitration, according to Article 13 of the Business & Professions Code, is called ADVISORY ARBITRATION, meaning that:

Unless both you and the client agree in writing to **BINDING ARBITRATION**, this arbitration is **NON-BINDING**. This means that if you or the client are not satisfied with the award, either of you has the right to ask for a new trial in a civil court **within 30 days from the date the award is mailed to you.** If neither of you ask for a new trial in 30 days, the award *automatically becomes final and binding.*

If you and the attorney both 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 of you.***

Please check one:

I agree to Advisory Arbitration

I agree to Binding Arbitration

If binding, please sign here: \_\_\_\_\_

I hereby certify, under penalty of perjury, that the above is true and correct.

Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

**Note:** Please be advised that the Award of Arbitrator(s) may allocate that the other party reimburse you for certain expenses including the filing fee.

If you have any questions regarding this form, please call the Glendale Bar Association Lawyer Referral Service at (818) 956-1633 Monday-Friday, 1:00 p.m. to 5:00 p.m.

**For Office Use Only**

Filing fee received: _____	Date: _____	Check # _____
Paid by: _____		