

ATTORNEY'S REQUEST FOR RESOLUTION OF A FEE DISPUTE

The Glendale Bar Association Address: P.O. Box 968 Glendale, CA 91209-0968 PH: 818-956-1633

1. Petitioner's Name: (1) _____

Petitioner's Name: (2) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

2. Client(s) with whom you are having the dispute:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

3. Attorney representing you in this dispute, if applicable:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

4. *****IMPORTANT***** You must give a detailed written description of the fee dispute on a separate sheet of paper. Submit a total of one original and four copies of this Request form for a grand total of five. Each of the five Request forms should have any and all additional information attached. *DO NOT send originals of attachments.*

5. What type of case resulted in the fee dispute? For example: family, immigration, etc. _____

6. (A) Do you have a written fee agreement? Yes / / No / /
If yes, attach a copy. If no, explain your verbal agreement on separate sheet.

(B) If yes, do you have an arbitration clause in the agreement: Yes / / No / /

7. (A) Was your fee arrangement: Hourly / / or Contingent / /
(B) If contingent, is the matter concluded? Yes / / No / /
(C) Are you the client's: First attorney? / / or Successor attorney? / /

Continues on other side

8. In accordance with Business and Professions code 6203(d), who is the responsible attorney?

Name: _____

9. Unless both sides agree to **BINDING ARBITRATION**, the arbitration will be non-binding

You Must Choose One: **Binding** / / **Non-Binding** / /

10. Amount in dispute:

A) What is the total amount of the costs/fees charge to client? \$ _____

B) How much have you already been paid? \$ _____

C) What is the outstanding balance? \$ _____

11. Filing Fees: The filing fee must be paid at the time of filing and is based on the amount in dispute.

/ / If the amount in dispute is less than \$10,000 you pay 5% of that amount. Amount enclosed: \$ _____

12. If the total amount in dispute is over \$10,000, it may be heard by a 3-arbitrator panel. However, if you both agree, it may still be heard by one arbitrator. NOTE: if the matter does not qualify for three, one arbitrator will always be assigned.

PLEASE CHECK ONE: **THREE ARBITRATORS** / / **ONE ARBITRATOR** / /

13. **I acknowledge receipt of the GBA Rules of Procedure and agree to be bound by them. I declare under penalty of law that everything I have stated is true to the best of my knowledge.**

DATE

PETITIONER'S SIGNATURE (COUNSEL MAY NOT SIGN FOR CLIENT)

DATE

PETITIONER'S SIGNATURE (if more than one)