

CLIENT'S CONSENT TO ARBITRATION

I, _____, consent to arbitration of the attorney/client fee dispute by the Rules of Procedure for the Conduct of Fee Arbitrations and the Enforcement of Awards by the Nevada County Bar Association.

1. Client Name: _____
Address: _____

City, County, State, Zip Code

Phone Number: () _____

2. Attorney Name: _____

3. What type of case is involved in the dispute (i.e., Family Law, Insurance, Civil, Probate, Criminal, Bankruptcy, etc.)? _____

4. Do you have a written fee agreement? If yes, please attach a copy. (yes) (no)

5. a. Has the attorney filed a suit to collect the fee against you? (yes) (no)

b. If yes, have you filed an answer to the suit? (yes) (no)

6. Have you filed a civil lawsuit against the attorney? (yes) (no)

7. How much is the attorney claiming you owe? _____

8. How much do you think the fee should be? _____

9. Subtract line 9 from line 8 and enter the difference. _____

10. Please give a brief description of the fee dispute (use additional sheets as necessary).

11. **Advisory or binding arbitration?**

Fee Arbitration according to Article 13 of the Business and Professions Code is generally Advisory Arbitration, meaning that:

If either you or the attorney are not satisfied with the award, you have the right to ask the court for a new hearing within 30 days of the date the recommended settlement is mailed to you. However, you and the attorney may agree to make the arbitration BINDING, which means that once the arbitrators make an award, no appeal or further proceeding will be possible. IF YOU ELECT ADVISORY ARBITRATION, You should know that once the 30-day period has passed, you cannot request a new hearing and the arbitration award becomes effectively binding.

Choose one: I want Advisory Arbitration. (yes) (no)
I agree to Binding Arbitration. (yes) (no)

12. I, _____, declare under penalty of perjury that I have sent a copy of this Request to Arbitrate by first class mail or arranged to have a process server deliver it

to: _____
Name of Attorney

at: _____
Address

on: _____, and that I signed this declaration on _____.

at: _____, California.
City

Client Signature

Mail to:

Fee Arbitration Committee
Nevada County Bar Association
P O Box 1473
Nevada City, CA 95959