

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 #: _____

Email: _____

2. Attorney Name: _____

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

4. Do you have a written fee agreement? If you please attach a copy. Yes No

5. a. Has the attorney filed a suit to collect the fees 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 8 from line 7 and enter the difference: _____

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

11. Do you agree to 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 Client's Consent To Arbitration by first class mail or arranged to have a process server deliver it

to: _____
Name of Attorney

at: _____
Address

on: _____ (date mailed or delivered) , and that I signed
this declaration on:

_____ (date signed).

at: _____
City, State

Client Signature

Mail Original to:
Fee Arbitration Committee
Nevada County Bar Association
P.O. Box 1473
Nevada City, CA 95959