

Client's Request for Arbitration of a Fee Dispute

Fee Arbitration through the Nevada County Bar Association is governed by the rules of procedure that were sent to you with this form. If you do not have a copy, contact this office **IMMEDIATELY**. You should read the rules carefully and contact this office if you have questions.

Mail this form and filing fee to:

FEE ARBITRATION COMMITTEE
Nevada County Bar Association
P. O. Box 1473
Nevada City, CA 95959
(530) 272-5672

Please print or type.

1. (a) **CLIENT:**

(b) **NAME OF INDIVIDUAL ATTORNEY**
(With whom there is a dispute):

Name

Name

Box or Street Address

Box or Street Address

City State Zip Code City

State Zip Code

() _____
Area Code Daytime Telephone

() _____
Area Code Daytime Telephone

2. If you are, or will be, represented by an attorney in the arbitration, provide the name, address and telephone number:

Name

Box or Street Address

City State Zip Code

() _____
Area Code Telephone Number

3. The hearing in this matter will take place in Nevada County.

4. (a) When did you hire or first talk with the attorney?

_____/_____/_____
Month Day Year

(b) When did the attorney stop representing you?

_____/_____/_____
Month Day Year

5. What type of case was the attorney handling for you?
(divorce, criminal, etc.)

6. Do you have a written fee agreement? (If yes, **ATTACH A COPY.**)

() Yes () No

7. (a) Did the attorney give you a written notice of your right to arbitration? () Yes () No

(b) If yes, what date did you receive the written notice? _____/_____/_____
Month Day Year

8. (a) Has the attorney filed a lawsuit against you to collect the fees or costs? () Yes () No

(b) If yes, **ATTACH A COPY OF THE COMPLAINT.** () Yes () No

9. Have you filed a lawsuit against the attorney? (**ATTACH COMPLAINT**) () Yes () No

10. Were the fees ordered by the court or set by law? () Yes () No

11. Amount you already paid the attorney \$ _____

12. Additional amount, if any, the attorney says you still owe \$ _____

13. Add lines 11 and 12 \$ _____

14. Total amount you think the attorney should be paid \$ _____

15. Subtract line 14 from line 13. **This is the disputed amount.** \$ _____

16. Please describe why you think the attorney's fee is too high. Attach additional sheets if necessary.

17. If the fee dispute is for less than \$10,000, 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 more than \$10,000.

() My dispute is for \$10,000 or less.

() My dispute is for more than \$10,000 and I *agree* to one arbitrator.

() My dispute is for more than \$10,000 and I *do not agree* to one arbitrator.

18. Unless both you and the attorney agree in writing to **BINDING ARBITRATION**, this arbitration is **NON-BINDING**. This means that if you or the attorney are not happy 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.

Do you agree to binding arbitration? () Yes () No

19. If the attorney represented you in a civil matter you are entitled to chose an arbitrator who practices civil law; if your attorney represented you in a criminal matter, you are entitled to chose an arbitrator who practices criminal law. Please indicate your choice below.

- 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.

I declare under penalty of perjury under the laws of the State of California that my statements on this request and any attachments are true and correct.

Signature

Date

Date / Amount / Check No. / Paid by