

ATTORNEY'S REQUEST TO ARBITRATE A FEE DISPUTE

Return the original and one copy of this form along with the proper filing fee to:

**FEE ARBITRATION COMMITTEE
Nevada County Bar Association
PO Box 1473
Nevada City, CA 95959**

Send one copy of the completed form to the client via first class mail or arrange to have a process server deliver it to the client.

Keep a copy for your files.

PLEASE PRINT OR TYPE ALL INFORMATION

1. **Attorney's name:** _____
2. **Phone Number:** _____
3. **Address:** _____
4. **Client's name:** _____
5. **Phone Number:** _____
6. **Address:** _____
7. **What kind of case is involved?** _____
8. **What is the total amount of the fee charged?** _____
9. **How much of the fee has the client already paid?** _____
10. **How much of the fee is in dispute?** _____
(Subtract Line 9 from Line 8)
11. **Do you have a written fee agreement?** (yes) (no)
If so, please attach a copy of the written agreement. If not, please describe the oral agreement on a separate sheet.
12. **Did you make billing arrangements with the client?** (yes) (no)
If so, please describe: _____

13. What is the nature of the fee dispute? (Attach additional sheets as necessary.) _____

14. If you and the client both agree to make the arbitration "binding," no appeal or further proceedings will be possible after the arbitration award is made. Do you agree to binding arbitration? (yes) (no)

15. I, _____, declare under penalty of perjury that I have sent a copy of this Request to Arbitrate by first class mail or personal service to:

on, _____, and that I signed this declaration on the _____ day of _____, _____, at _____, California.

Attorney: _____