

Request for Arbitration of a Fee Dispute

The San Mateo County Bar Association fee arbitration 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** or download the rules from the website: www.smcba.org. You should read the rules carefully and contact this office if you have questions.

Mail this form with the filing fee and requisite number of copies to:

San Mateo County Bar Association
Fee Arbitration Program
333 Bradford Street, Suite 200
Redwood City, CA 94063
Telephone: 650.298.4023

See instructions on reverse. Failure to follow the instructions could result in loss of your right to arbitrate your fee dispute.

Please print or type.

1. (a) Name of CLIENT:

Name

Box or Street Address

City, State Zip Code

(Area Code) Day Time Telephone Number

(b) Name of INDIVIDUAL ATTORNEY

With whom there is a dispute:

Name

Box or Street Address

City, State Zip Code

(Area Code) Day Time Telephone Number

(c) Person Who Paid Attorney's Fees:
(if different from (a) above)

Name

Box or Street Address

City, State Zip Code

(Area Code) Day Time Telephone Number

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) Day Time Telephone Number

3. The hearing in this matter will take place in the county where most of the legal services were provided. In what county were most the services provided?

County

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

Month/Day/Year

(b) When did the attorney stop representing the client or provide a final bill (which ever is later)?

Month/Day/Year

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

6. Do you have a written fee agreement? If yes, ATTACH 4 Copies of fee agreement.

Yes No

7. (a) Did the attorney give the client or person responsible for payment of the fees a written notice of your right to arbitration? If yes, ATTACH 1 copy of Notice.

Yes No

(b) If yes, what date did you receive the written notice?

Month/Day/Year

8. (a) Has the attorney filed a lawsuit to collect the fees or costs? If yes, ATTACH 1 Copy of Complaint.

Yes No

(b) If yes, have you answered the lawsuit? If yes, ATTACH 1 Copy of Answer.

Yes No

9. Have you filed a lawsuit against the attorney? If yes, ATTACH 1 Copy of Complaint.

Yes No

10. Were the fees ordered by the court or set by law? If yes, explain on a separate sheet and ATTACH 1 Copy of Court Order.

Yes No

11. Amount you already paid the attorney. \$ _____

12. Additional amount, if any, the attorney says is still owed. \$ _____

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. \$ _____

