ATTORNEY'S REQUEST FOR RESOLUTION OF A FEE DISPUTE

The Glendale Bar Association | Address: P.O. Box 968 Glendale, CA 91209-0968 | Email: glendalebarassociation@gmail.com

1.   Petitioner's Name: (1) _____

     Petitioner's Name: (2) _____

     Address: _____

     City: _____ State: _____ Zip Code: _____

     Telephone: ( ) _____ Fax: ( ) _____

2.   Client(s) with whom you are having the dispute:

     Name: _____

     Address: _____

     City: _____ State: _____ Zip Code: _____

     Telephone: ( ) _____ Fax: ( ) _____

3.   Attorney representing you in this dispute, if applicable:

     Name: _____

     Address: _____

     City: _____ State: _____ Zip Code: _____

     Telephone: ( ) _____ Fax: ( ) _____

4.   ***IMPORTANT*** You must give a detailed written description of the fee dispute on a separate sheet of paper. Submit a total of one original and four copies of this Request form for a grand total of five. Each of the five Request forms should have any and all additional information attached. *DO NOT send originals of attachments.*

5.   What type of case resulted in the fee dispute? For example: family, immigration, etc. _____

6.   (A) Do you have a written fee agreement?   Yes   / /   No   / /
        If yes, attach a copy. If no, explain your verbal agreement on separate sheet.

     (B) If yes, do you have an arbitration clause in the agreement: Yes   / /   No   / /

7.   (A) Was your fee arrangement: Hourly   / /   or   Contingent   / /
     (B) If contingent, is the matter concluded?   Yes   / /   No   / /
     (C) Are you the client's: First attorney? / /   or   Successor attorney?   / /

8. In accordance with Business and Professions code 6203(d), who is the responsible attorney?

   Name: _____

9. Unless both sides agree to **BINDING ARBITRATION**, the arbitration will be non-binding

   You Must Choose One: **Binding / /**   **Non-Binding   / /**

10. Amount in dispute:

    A)   What is the total amount of the costs/fees charge to client? $_____

    B)   How much have you already been paid? $_____

    C)   What is the outstanding balance? $_____

11. Filing Fees: The filing fee must be paid at the time of filing and is 5% of the amount in dispute,

    subject to a minimum of $50 and a maximum of $5,000.   Amount enclosed: $_____

12. If the total amount in dispute is over $15,000, it may be heard by a 3-arbitrator panel.   However, if you both agree, it may still be heard by one arbitrator. NOTE: if the matter does not qualify for three, one arbitrator will always be assigned.
    PLEASE CHECK ONE: **THREE ARBITRATORS / /   ONE ARBITRATOR / /**

13. **I acknowledge receipt of the GBA Rules of Procedure and agree to be bound by them. I declare under penalty of law that everything I have stated is true to the best of my knowledge.**

    _____   _____
    DATE   **PETITIONER'S SIGNATURE** (COUNSEL MAY NOT SIGN FOR CLIENT)

    _____   _____
    DATE   **PETITIONER'S SIGNATURE** (if more than one)