

ATTORNEY TO ATTORNEY REQUEST FOR RESOLUTION OF A FEE DISPUTE

Mail this form and filing fee to:

Beverly Hills Bar Association
Mandatory Fee Arbitration Program
300 South Beverly Drive, Suite 201
Beverly Hills, CA 90212-4805
310-601-2442

Please print or type:

1. a. Attorney:

b. Attorney with whom you are having the dispute:

Name
Law Firm Name
Box or Street Address
City State Zip Code
Area Code Daytime Telephone

Name
Law Firm Name
Box or Street Address
City State Zip Code
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
City State Zip Code

Box or Street Address
Area Code Daytime Telephone

3. Has a lawsuit been filed to collect this fee? (If yes, ATTACH A COPY.) Yes___ No___

4. If you have been sued, did you answer the lawsuit? (if yes, ATTACH A COPY) Yes___ No___

5. VOLUNTARY MEDIATION

Are you interested in submitting your dispute to fee mediation? If you both agree, the filing fee also entitles you to up to four hours of mediation time. If the matter does not resolve through mediation, it will then proceed to arbitration. Please refer to the Mediation Rules of Procedure.

___ I WOULD like to Mediate this dispute

___ I DO NOT want to Mediate this dispute

6. Amount in Dispute:

- a. How much is the total fee involved? \$ _____
b. How much of the fee has been paid? \$ _____
c. How much is in dispute? \$ _____

7. Arbitration between attorneys is voluntary. Please complete the following on a separate sheet of paper:

- a. A brief description of the type of case.
b. A brief chronology of the attorneys involved in the case.
c. A description of the billing arrangements.
d. The name of the attorney of record.
e. Has the original suite been resolved? If so, how?

- f. Will any clients be directly affected by the arbitration?
- g. Briefly state the nature of the fee dispute and your argument. Please attach copies of any relevant documents.
- h. What are the issues to be raised and resolved by arbitration?

8. 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**

9. If the amount in dispute is \$10,000 or less, it is heard by one (1) arbitrator. If the amount is over \$10,000, it is heard by three (3) arbitrators. If both you and the client 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

10. **Filing Fee:** The filing fee **must be paid** at the **time of filing** this request and is **based** on the **total amount in dispute**.

If the amount in dispute is less than \$10,000, **you pay \$50 + 5% of that amount** \$ _____
 If the amount in dispute is more than \$10,000, **you pay \$50 + 7% of that amount** \$ _____

The **minimum** filing fee is \$50 and the **maximum** fee is \$5,000.

****Important**** Please submit one original and three copies of this form including supporting documents if the dispute is **over \$10,000.00**. Or one original and two copies of this form and supporting documents if the dispute is **under \$10,000.00**. Each reply form should have any and all additional information attached. *DO NOT send originals of attachments.*

I/We agree to submit this dispute to the Beverly Hills Bar Association Fee Arbitration and Mediation Program for hearing, decision and award. I/We agree to abide by the Rules of this program. **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.**

Signatures (of all parties requesting arbitration):

Date _____
Petitioner's Signature

Date _____
Petitioner's Signature

To confirm that you have read and understand the Refund Policy (#13.B., Page 17 of the BHBA Rules of Procedure), please sign and date:

 Signature _____
Date

BHBA Use Only:

Filing Fee Received _____
Date Amount Check No. Paid by