

ATTORNEY'S 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. Petitioner(s):

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

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

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. What type of case resulted in the dispute? (divorce, criminal, etc.)

4. Do you have a written fee agreement? (If yes, ATTACH A COPY.) Yes \_\_\_ No \_\_\_

a. If yes, do you have an arbitration clause in the agreement Yes \_\_\_ No \_\_\_

b. Did you send the client a NOTICE OF CLIENT'S RIGHT TO ARBITRATE Yes \_\_\_ No \_\_\_

c. If yes, when? Month/Day/Year

5. a. Was your fee agreement: Hourly \_\_\_ or Contingent \_\_\_

b. If Contingent, is the matter concluded? Yes \_\_\_ No \_\_\_

6. Amount in Dispute:
a. What is the total amount of costs/fees charged to the client? \$
b. How much have you already been paid? \$
c. What is the outstanding balance? \$

7. You must give a detailed description of the fee dispute on a separate sheet of paper.

8. If you and the client 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

