

## ATTORNEY'S REPLY TO CLIENT'S REQUEST FOR ARBITRATION

\_\_\_\_\_  
Client Requesting

\_\_\_\_\_  
Attorney Replying

Please send the ORIGINAL AND TWO COPIES of this form, and any supporting documents, to the:

San Luis Obispo County Bar Association  
Fee Arbitration Program  
P.O. Box 585  
San Luis Obispo, CA 93406

ATTORNEY'S STATEMENT OF FACTS (Attach additional pages, if necessary).

Unless **both** you and the client agree in writing to **BINDING ARBITRATION**, this arbitration is **NON-BINDING**. This means that if you or the client are not happy with the arbitration award, **either** of you has the right to ask for a trial in a civil court within 30 days from the date the arbitration award is mailed to you. If neither of you ask for a trial within 30 days, the arbitration award ***automatically becomes final and binding***.

If you and the client **both** agree in writing to make the arbitration **BINDING**, a trial may ***not*** be requested and the arbitration award will immediately become final and binding on both of you.

Do you agree to enter the dispute into binding arbitration? [ ] yes [ ] no

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.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Attorney's signature