

## CLIENT'S REQUEST TO ARBITRATE A FEE DISPUTE

To begin arbitration, you must:

- a. Fill out this form and mail an ORIGINAL AND TWO (2) COPIES OF ALL DOCUMENTS TO: **San Luis Obispo County Bar Association, Fee Arbitration Program, P.O. Box 585, San Luis Obispo, CA 93406.**
- b. Enclose the correct **filing fee** as determined by item No. 10, below.
- c. Fill out all items on this form.

Upon receipt of the completed form, the chairman of the Fee Arbitration Program will serve a copy on the attorney listed in item no. 2 below.

---

1. a. Client's Name \_\_\_\_\_ b. Phone (\_\_\_\_\_) \_\_\_\_\_

c. Address \_\_\_\_\_  
(box or street)

---

City	County	State	Zip Code
------	--------	-------	----------

2. a. Attorney's Name \_\_\_\_\_ b. Phone (\_\_\_\_\_) \_\_\_\_\_

c. Address \_\_\_\_\_  
(box or street)

---

City	County	State	Zip Code
------	--------	-------	----------

3. What type of case is involved in the dispute (e.g., **dissolution of marriage (divorce), bankruptcy, probate,** etc.)

4. Do you have a written fee agreement? [ ] Yes [ ] No  
(If yes, please ATTACH A COPY OF THE AGREEMENT)

5. Has a lawsuit been filed to collect the fees against you? [ ] Yes [ ] No  
(If yes, please ATTACH A COPY OF THE COMPLAINT)

If yes, have you filed an answer to the suit? [ ] Yes [ ] No  
(If yes, please ATTACH A COPY OF YOUR ANSWER)

If you have not filed an answer, see Rule 1.C. of the Rules of Procedure of San Luis Obispo County Fee Arbitrations to obtain a stay of that lawsuit.

Did you receive a written Notice of Client's Right to Arbitrate? [ ] Yes [ ] No  
(If yes, please ATTACH A COPY OF THE NOTICE)

6. Have you filed a civil lawsuit against the attorney? [ ] Yes [ ] No  
(If yes, please ATTACH A COPY OF THE COMPLAINT)

7. How much is the attorney claiming you owe? \$
8. How much do you think the fee should be? \$
9. Subtract line 8 from line 7 and enter the difference. \$
10. If the answer to 9 is: less than \$5,000.00, your filing fee is \$50.00.  
 If the answer to 9 is: \$5,000.00 or more, but less than \$10,000.000, your filing fee is \$100.00  
 If the answer to 9 is: \$10,000.00 or more, your filing fee is 1% of the disputed fee.

Enter the amount of the filing fee here \$ \_\_\_\_\_ and enclose this amount (check or money order) with the ORIGINAL AND TWO COPIES of this Request and mail to the San Luis Obispo County Bar Association (address on front of this sheet.)

11. Please give a description of the fee dispute, that is, why do you think the fee should be less than the attorney is claiming (use additional sheets as necessary).
12. Non-Binding or Binding Arbitration

Unless **both** you and the attorney agree in writing to **BINDING ARBITRATION**, this arbitration is **NON-BINDING**. This means that if you or the attorney 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 attorney **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. In other words, once the arbitrator makes an award, no appeal or further proceeding will be possible.

Unless both you and the attorney agree in writing to **BINDING ARBITRATION**, the arbitration will be **NON-BINDING**.

Choice (check one):     I want Non-Binding Arbitration  
                                    I want Binding Arbitration

13. Civil/Criminal Arbitrator

Subject to the availability of arbitrators, you have the option to request either a **civil** or a **criminal** attorney to hear your case.

I prefer a **civil** attorney  
 I prefer a **criminal** attorney

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.

Date: \_\_\_\_\_

Client's Signature

If you have any questions regarding this form call the Chair of the Fee Arbitration Program at (805) 541-5930.