



PROMOTING JUSTICE SINCE 1877

## CLIENT'S REQUEST FOR FEE ARBITRATION

If a dispute arises concerning legal fees and/or costs between an attorney and client, or between an attorney and a non-client party who may be liable for attorney's fees, any party may submit the dispute to an arbitrator for decision. Fee arbitration matters are governed by the rules of procedure that accompany this form. You should read the rules carefully, and if you have questions after you have done so, contact this office at **(510) 302-2211**. For more information about Fee Arbitration including answers to frequently asked questions or to download forms, please visit [www.acbanet.org](http://www.acbanet.org) and follow the links: For the Public/Attorney-Client Fee Disputes.

### To initiate arbitration, you must:

- A. Fill out the 3-page form and sign it.
- B. Attach supporting documents as indicated (**no originals**).
- C. Select binding or non-binding arbitration.
- D. Enclose the correct filing fee.
- E. Provide the appropriate number of copies (See Line 19).

### Mail application with copies to:

Alameda County Bar Association  
 Fee Arbitration Program  
 70 Washington Street, Suite 200  
 Oakland, CA 94607

Your application for fee arbitration must be mailed. Emailed and faxed documents are not accepted.  
 Your application is not complete and your case will not be opened without the proper filing fee.

1a. **Client Name:** Mr./Mrs./Ms.[circle one] \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

1b. **Attorney Name:** Mr./Mrs./Ms.[circle one] \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

1c. **Non-Clients:** If you are not the client of the attorney, but you have paid or may be liable for the attorney's fees, you have the right to initiate Fee Arbitration by filing this form. If you are a non-client, please complete this form in its entirety, and **sign line 22** in the space indicated for Non-Clients. You must also provide the name and last known address of the client (**line 1a**) above.

**Non-Client Name:** Mr./Mrs./Ms.[circle one] \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

2. If you will be represented by another attorney in the arbitration, provide the contact information below.

Attorney Name: Mr./Mrs./Ms.[circle one] \_\_\_\_\_

Attorney Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Please check all that apply and indicate the county where you reside:

The office of the attorney whose fees I am disputing is in Alameda County.

The attorney rendered substantial legal services in Alameda County.

My case was filed in Alameda County.

I live in \_\_\_\_\_ county.

4. Did you receive a "Notice Of Client's Right to Arbitration?"  No  Yes  
 Date Received: \_\_\_\_\_ **Attach a copy.**

5. Do you have a written fee agreement?  No  Yes  
**Attach a copy.**

6. Has a lawsuit been filed against you for recovery of attorney's fees and/or costs?  No  Yes  
**If yes, attach a copy of the complaint.**

7. If you have been sued, have you answered the suit?  No  Yes  
**If yes, attach a copy of the answer.**

8. Have you filed a lawsuit against the attorney?  No  Yes  
**If yes, attach a copy of the complaint.**

9. Were the fees and/or costs ordered by the court or set by law?  No  Yes  
**If yes, please explain below and attach a copy of the court order.**

10. What type of case is involved in the dispute? What did you hire your attorney to do for you? (personal injury, adoption, divorce, criminal, etc.) \_\_\_\_\_  
 \_\_\_\_\_

11. Please describe why you think the attorney's fee is too high. Be as thorough and specific as you can. Attach additional sheets as necessary. \_\_\_\_\_  
 \_\_\_\_\_

12. What is the amount you have already paid the attorney? \$ \_\_\_\_\_

13. How much does the attorney say you still owe? \$ \_\_\_\_\_

14. How much is the attorney's total bill? (Add lines 12 & 13) \$ \_\_\_\_\_

15. What is the total amount you think the attorney should be paid? \$ \_\_\_\_\_

16. Subtract line 15 from line 14 (Attorney's total bill minus what you think the total bill should be). This is the **DISPUTED AMOUNT**: \$

17. **FILING FEE DUE TO ACBA\* (See below)** \$ \_\_\_\_\_

\*Your filing fee is determined by your answer on line 16, the DISPUTED AMOUNT.

\*Applicants may apply for a fee waiver by submitting the **Request for Waiver of the Fee Arbitration Filing Fee** .

**Example A:** The attorney charged \$1,800. The client feels the fee should have been only \$900. The difference (\$1,800 minus \$900) is \$900. 5% of \$900 is \$45, but the minimum fee is \$50. Therefore, according to the fee schedule below, the filing fee would be \$50 (the minimum fee).

**Example B:** The attorney charged \$70,000. The client feels the fee should have been \$30,000. The difference or Disputed Amount (\$70,000 minus \$30,000) is \$40,000. Therefore, the filing fee would be \$2,800.

<b>If the Disputed Amount (line 16) is:</b>	<b>Your filing fee is:</b>
less than \$10,000	5% of the Disputed Amount (\$50 minimum)
\$10,000 or greater	7% of the Disputed Amount (\$7,000 maximum)

**Please make check payable to the "ACBA." Do not send cash. Your filing fee MUST BE ENCLOSED to initiate the arbitration.**

18. If the attorney represented you in a civil matter you may choose an arbitrator who practices civil law; if your attorney represented you in a criminal matter you may chose an arbitrator who practices criminal law.  No preference  Civil Law Attorney  Criminal Law Attorney

19. How many copies of my Request with **copies** of supporting documents attached\* must I mail to the ACBA? \_\_\_\_\_

\_\_\_\_\_The disputed amount is less than \$10,000. I will send signed original plus 4 copies.

\_\_\_\_\_The disputed amount is \$10,000 or greater. I will send signed original plus 6 copies.

**\*Each copy should be complete and ready to distribute to the arbitrators and other parties. Keep a copy of all documents submitted to the ACBA for your records. DO NOT SEND ORIGINAL DOCUMENTS (other than the Client's Request).**

20. Please name any person(s), other than yourself or the attorney whose fees you are disputing, who you believe may be responsible for the fees, or, who may be entitled to a refund of fees. Such person will be included as a party to the fee arbitration proceedings and receive copies of all correspondence.

Third Party Name: Mr./Mrs./Ms.[circle one]\_\_\_\_\_ Phone:\_\_\_\_\_

Address, City, State, Zip:\_\_\_\_\_

Relationship to the fee dispute: \_\_\_\_\_

**21. Please read all of the choices below carefully before you make a selection:**

21a. **If the disputed amount is greater than \$1,000 and less than \$10,000, one arbitrator will automatically be appointed to hear the dispute.**

21b. **If the disputed amount is \$10,000 or greater, please select one:**

\_\_\_\_\_ The disputed amount is \$10,000 or greater, and I do not agree to a single arbitrator.

\_\_\_\_\_ The disputed amount is \$10,000 or greater, and I agree to a single arbitrator.

21c. **If the disputed amount is \$1,000 or less, each party will submit supporting documents and complete a written statement for consideration by the Fee Arbitration Committee instead of attending a hearing. Please see the Rules Governing the Fee Arbitration Program of the ACBA, Rule 7(a). **If the disputed amount is between \$500 and \$1,000, you may request a hearing in addition to providing the written statement with supporting documents.****

\_\_\_\_\_ The disputed amount is \$500 or less, and I will provide a written statement with documents for consideration by the Fee Arbitration Committee.

\_\_\_\_\_ The disputed amount is between \$500 and \$1,000 and I request a hearing.

\_\_\_\_\_ The disputed amount is between \$500 and \$1,000 and I do not request a hearing.

**22. SIGNATURE(S)**

**This form must be signed below in order to complete your application and initiate arbitration.** The request for arbitration may be signed in counterparts by attorney and/or client. You do NOT need to have the attorney whose fees you are disputing sign this form.

**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.**

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Attorney's Signature Date

\_\_\_\_\_  
Non-Client's Signature (see line 1c) Date

**23. EFFECT OF FEE ARBITRATION: BINDING OR NON-BINDING ARBITRATION**

Arbitration, according to Article 13 of the Business and Professions Code is called Advisory Arbitration, meaning that: If either the client or attorney is not satisfied with the arbitrators' award, either one will have the right to ask the court for a new hearing within 30 days of the date the award is mailed. However, the parties may agree to make the arbitration **BINDING**, which means that once the arbitrators make an award, no appeal or further proceedings (other than enforcement of the award) will be possible. Unless you and the attorney agree to binding arbitration, the arbitration will be non-binding. **If you want BINDING ARBITRATION, please sign the appropriate space below.**

I, the client, choose **BINDING ARBITRATION**:

I, the attorney, choose **BINDING ARBITRATION**:

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Attorney's Signature Date

I, the non-client party, choose **BINDING ARBITRATION**:

\_\_\_\_\_  
Non-Client Party's Signature Date