

**MARIN COUNTY BAR ASSOCIATION
FEE ARBITRATION PROGRAM**

ATTORNEY'S ARBITRATION STATEMENT

1. Attorney's name_____
2. Phone () _____
3. Address_____
4. Name of Client with whom you have a fee dispute_____
5. Client's phone: _____
6. Client's address_____
7. Type of case involved:_____
8. What is the total amount of fee charged? \$_____
9. How much of the fee has been paid? \$_____
10. Unpaid balance: \$_____
11. Do you have a written fee agreement? () Yes () No
If you do, attach a copy. If you don't, describe the oral agreement on a separate sheet of paper.
12. Billing arrangements, if any:_____
13. At the hearing do you intend to rely on any time records, statements or bills to support the amount charged? () Yes () No
If so, attach copy to this statement.
14. If the amount in dispute is \$15,001 or more, it is heard by three (3) arbitrators, one of whom is a non-attorney, unless you and the client waive the 3 person panel.

I agree to waive the three (3) person panel for binding arbitration and submit to a single arbitrator. () Yes () No
15. Check one: () I want binding arbitration
() I want non-binding arbitration
16. EFFECT OF ARBITRATION. Under the Business and Professions Code, arbitration designated NON-BINDING means that if you or the client are not satisfied with the award, the dissatisfied party must take the steps shown in RIGHTS AFTER NON-BINDING ARBITRATION **or the award will become binding after 30 days**. However, if both the client and attorney agree in advance that the award will be BINDING, then there is no appeal from the award except that allowed for in Section 1285 et seq of the California Code of Civil Procedure.

17. FEES. The filing fee paid to the Marin County Bar Association depends on the amount in dispute. They are initially paid by the party requesting arbitration, but are apportionable by the arbitrator(s). **NOTE:** While historically arbitrations are less than 4 hours in duration, if the hearing goes beyond 4 hours, an additional charge of \$150.00 per hour for each arbitrator **will be** imposed. **All filing fees are refundable only to the extent provided in Rule 19.2** and are as follows:

5% of the amount in dispute when the total amount in dispute is less than \$10,000
and

7% of the amount in dispute when the total amount in dispute is \$10,000 or more (\$50 minimum and \$7,000 maximum filing fee).

18. I, _____, declare under penalty of perjury that I have sent a copy of this Attorney's Arbitration Statement by First Class Mail or arranged a process server to deliver it to:

Client's name

Client's address

on _____

Date

Attorney's signature

19. If you are represented in this arbitration by an attorney, please indicate name, address and telephone.
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Return original to:

Marin County Bar Association
101 Lucas Valley Road, Ste. 326
San Rafael, CA 94903