

**MARIN COUNTY BAR ASSOCIATION
FEE ARBITRATION PROGRAM**

CLIENT'S REQUEST FOR ARBITRATION OF A FEE DISPUTE

Mail this form along with filing fee check or money order to:

**Marin County Bar Association
Fee Arbitration Program
101 Lucas Valley Road, Suite 326
San Rafael, CA 94903**

1. Client's Name _____ Phone () _____
Address _____
2. Attorney's Name _____ Phone() _____
Address _____
3. In what county were the legal services rendered? _____
4. What type of case is involved in the dispute (e.g. divorce, civil)? _____
5. Do you have a written fee agreement? (If yes, ATTACH COPY) () Yes () No
6. Were the fees ordered by the court or set by law? () Yes () No
7. a. Has the attorney filed a suit against you to collect the fees? () Yes () No
If yes, please call the MCBA @ (415) 499-1314

b. Have you received a "Notice of Client's Right to Arbitrate" informing () Yes () No
you about arbitration and the 30 day limit to respond?

If yes, on what date did you receive it? . _____
8. Have **you** filed a civil suit against the attorney? () Yes () No
9. What was the amount of attorney's fees charged by the attorney? \$ _____
10. Amount you already paid the attorney? \$ _____
11. What is the amount in dispute? \$ _____
12. Please describe why you think the attorney's fee is too high. Attach additional sheets if necessary.

13. FEES. The filing fee paid to the Marin Co. 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**

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

14. If dispute is \$15,001 or more, it is heard by three (3) arbitrators, one of whom is a non-attorney unless you **and** the attorney 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. You have the option of one member of the three person panel or the sole arbitrator be an attorney whose area of practice is either civil or criminal law. If you wish to request such option check the appropriate box below.
 No preference Criminal Civil

17. EFFECT OF ARBITRATION. Under the Business and Professions Code, arbitration designated **NON-BINDING** means that if you or the attorney is 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.

18. I, _____ declare under penalty of perjury that I have sent a copy of this Request for Arbitration by first class mail or arranged a process server to deliver to:

Attorney's name Attorney's address
on _____
Date Client's signature

19. (If another person paid the all or part of the fees to the attorney on your behalf, that person must join in your request for the arbitration.)

I, _____, join in this fee arbitration.
Person who paid fees (print and sign)

20. If you are represented in this arbitration by an attorney, please indicate name, address & telephone.

