



THE BAR ASSOCIATION OF
SAN FRANCISCO

CLIENT'S REQUEST

For Resolution of a Fee Dispute

ATTENTION:

1. Before you begin filling out the Request, make sure your case can be heard by our program. Refer to Rule 3 in the enclosed Rules for more details and some exceptions to these guidelines. In general our program can take the case if:

- The case handled by your Attorney has concluded and you know the specific amount in dispute. Also, the amount in dispute should be over \$1000.
- The attorney has an office in San Francisco or the work was done here (parties can stipulate to come here if your county doesn't have a fee dispute program).
- The client is not in jail.
- You have NOT responded to a lawsuit regarding the Attorney's fees. If the Attorney has sued you in Court regarding unpaid fees and you have filed an answer, we cannot take your case.

2. Please read the Request carefully and reply to every question. When you are finished, sign and date the form on the last page. The individual requesting arbitration has to sign, not his/her counsel.

3. Return the original and four copies of this form and all attachments, along with your filing fee, to:

The Bar Association of San Francisco
Attn: Fee Disputes Program
301 Battery Street, 3rd Floor
San Francisco, CA 94111

The filing fee may be paid by check or credit card; the form may be found here:
http://www.sfbar.org/forms/adr/feedispute_client_attorney_cc_form.pdf

4. Failure to follow the instructions and/or not submitting this request form with the required number of copies within the time limitations could result in loss of your right to arbitrate your fee dispute.

5. If you have questions, or problems filling out the form, please contact us at 415-982-1600 or adr@sfbar.org. Please consult the attached Rules for definitions of terms and clarification of the process.

Internal Use Only
Case # _____

CLIENT'S REQUEST

For Resolution of a Fee Dispute

All sections of this form must be completed. Incomplete forms or completed forms without the required number of copies **will not be accepted and will be returned.** Sign and date on the last page as indicated (the individual requesting for arbitration has to sign, not his/her counsel).

Return the original and four (4) copies of this form and all attachments (do not send originals of your supporting documents), along with your filing fee, to:

The Bar Association of San Francisco / Attn: Fee Disputes Program
301 Battery Street, 3rd Floor, San Francisco, CA 94111

Failure to follow the instructions and/or not submitting this request form with the required copies within the time limitations could result in loss of your right to arbitrate your fee dispute.

1. This Request is being filed by the: Client or Non-Client

2. Please print or type the contact information for the parties involved.

(a) Name of CLIENT involved in fee dispute:

Name(s): _____

Firm/Organization: _____

Box/Street Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Email: _____

(b) Name of ATTORNEY involved in fee dispute:

Name(s): _____

Firm/Organization: _____

Box/Street Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Email: _____

(c) Person Who Paid Attorney's Fees: (if different from above)

Name(s): _____

Firm/Organization: _____

Box/Street Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Email: _____

(d) If you are, or will be, represented by an attorney in the arbitration, provide his/her information below:

Name(s): _____

Firm/Organization: _____

Box/Street Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Email: _____

If there are Additional Clients or Attorneys involved in the fee dispute, please fill out the next page.

2. (Continued). Please print or type.

(a) Second CLIENT involved in fee dispute: Name(s): _____ Firm/Organization: _____ Box/Street Address: _____ City, State, Zip: _____ Telephone: _____ Fax: _____ Email: _____	(b) Second ATTORNEY involved in fee dispute: Name(s): _____ Firm/Organization: _____ Box/Street Address: _____ City, State, Zip: _____ Telephone: _____ Fax: _____ Email: _____
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(a) Third CLIENT involved in fee dispute: Name(s): _____ Firm/Organization: _____ Box/Street Address: _____ City, State, Zip: _____ Telephone: _____ Fax: _____ Email: _____	(b) Third ATTORNEY involved in fee dispute: Name(s): _____ Firm/Organization: _____ Box/Street Address: _____ City, State, Zip: _____ Telephone: _____ Fax: _____ Email: _____
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If more than three (3) Clients or Attorneys are involved in the fee dispute, please submit their contact information on a separate sheet of paper. Include this with each copy of your Request form.

3. What type of case was the Attorney handling for this Client (family, business, probate, etc)? _____

4. Date when the Attorney stopped representing the Client or provided a final bill (whichever is later)? _____

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

If yes: Attach a copy of the fee agreement to the original of this form and all four (4) copies.

If no: Explain your verbal agreement on separate sheet or in your narrative about the fee dispute (see Page 5). Attach a copy to this form and all four (4) copies.

6. Was your fee arrangement contingent? Yes No

If yes: Has the matter concluded? Yes No

If no: See Rule 3.C.7. We may not be able to hear the dispute until the case is concluded and you know the specific amount in dispute.

7. Were the Attorney's fees ordered by the court or set by law? Yes No

If yes: Explain on a separate sheet and ATTACH a copy of Court Order to this form and all four (4) copies. **We cannot arbitrate fees that were established by a Court Order. See Rule 3.C.6.**

8. Has a lawsuit been filed regarding the Attorney's fees or costs? Yes No

If yes: Attach a copy of the face sheet of the lawsuit to the original of this form and all four (4) copies.

(a) When was it served? _____

(b) Has a Stay been entered? Yes No

(c) Has an answer been filed in court? Yes No

If yes, see BASF Rules of Procedure 4.E.

We cannot take the case if you have filed an answer to a lawsuit over Attorney's Fees.

9. Did Attorney give Client the State Bar of California's official Notice of Client's Right to Arbitration?

Yes No

If yes: When was the notice served by the Attorney or received by the Client? _____
ATTACH a copy of the Notice of Client's Right to Arbitration to this form and all four (4) copies.

10. If the Client is awarded a refund, which can include the filing fees paid to this program, who is the Attorney responsible for paying that refund? **(This must be an individual, not a law firm.)**

Responsible Attorney(s): _____

PLEASE NOTE: While an attorney may consider the refund to be the responsibility of their law firm and not a single attorney within the law firm, the Business and Professions code 6203(d) states that an individual of the law firm must be named.

11. Disputed Amount

- (a) The amount already paid to the Attorney (if any)? \$ _____
- (b) The amount, if any, the Attorney says is still owed? (+) \$ _____
- (c) Add (a) and (b) and enter here: \$ _____
- (d) Total amount you think the Attorney's fee should be: (-) \$ _____
- (e) **This is the disputed amount [subtract (d) from (c)]:** \$ _____

12. Filing Fee (The arbitrators will consider the fee paid and may award some or all of this back to you.) For the fee arbitration to proceed, the filing fee **must** be paid at the time when this Request is submitted. The amount of the filing fee to be paid is a percentage of the total amount in dispute above, with a maximum filing fee of \$7,000.00 [Exception: Unless the amount in dispute is \$1,000,000 or more; See Rule 13.A.1.(c)].

Calculation of Filing Fee:

If the disputed amount is under \$10,000, you pay 5% of that amount. Filing fee enclosed \$ _____

If the disputed amount is over \$10,000, you pay 7% of that amount. Filing fee enclosed \$ _____

13. When the amount in dispute is under \$25,000, a Sole Arbitrator will be assigned to the case. When the amount in dispute is \$25,000 or more, a panel of three (3) arbitrators will be assigned unless both sides agree to have it heard by a Sole Arbitrator. If the case involves over \$25,000 in dispute, please indicate your preference below:

Choose one: Three Arbitrators Sole Arbitrator

14. You may request an arbitrator experienced in either criminal or civil law, depending on your underlying case.

Choose one: Criminal Civil No Preference

15. This arbitration will result in a **non-binding** award unless both sides agree that it will be **binding**.

Non-Binding means that if either party is not happy with the award, both the petitioner and the respondent have the right to ask for a trial in a civil court within 30 days from the date the award is mailed to you as reflected on the Proof of Service. If neither party asks for a new trial in 30 days, the award automatically becomes final and binding.

Binding Arbitration means that if BOTH parties agree in writing to make the arbitration BINDING, a new trial may not be requested and the award will immediately become final and binding.

Choose one: Binding or Non-Binding

16. Mediating your fee dispute is an option! If both the petitioner and the respondent agree, four hours of mediation time are available at no additional cost to try to resolve the dispute. If the matter does not resolve in the mediation, it will proceed to arbitration. For more information on mediating your dispute, please refer to Mediation Rules of Procedure outlined at the end of the BASF Arbitration Rules of Procedure.

Choose one: Yes, I would like to mediate. No, proceed directly to arbitration.

17. YOU MUST SUBMIT A BRIEF WRITTEN DESCRIPTION of the fee dispute, with a copy attached to the original and all four (4) copies of the Request form. [See Rule 8.B. regarding additional submissions].

If you need more space please continue on additional sheets of paper. Include this with each copy of your Request form.

18. I acknowledge receipt of the BASF Rules of Procedure and agree to be bound by them. I declare under penalty of law that everything I have stated is true to the best of my knowledge. [Counsel may not sign on behalf of parties.]

Date: _____ Print name: _____ Signature: _____

Date: _____ Print name: _____ Signature: _____

Please send the original and four (4) copies of this form and all attachments to:

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San Francisco, CA 94111