

REQUEST FOR RESOLUTION OF A FEE DISPUTE AMONG ATTORNEYS

1. Petitioner (s) Name: _____ E-mail: _____

Company/Firm _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

2. Attorney with whom you are having the dispute:

Name: _____ E-mail: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

3. Attorney representing you in this dispute, if applicable:

Name: _____ E-mail: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

4. What type of case resulted in this dispute? [Family, Business, L/T]: _____

5. Unless both you and the attorney agree to **BINDING ARBITRATION**, the arbitration will be non-binding. For clarification, please review Rules 4 and 5. **You Must Choose One:** **Binding** / / **Non-Binding** / /

6. How much of the total fees are in dispute: _____

7. **Filing Fees:** The filing fee is split equally between the parties and Petitioners portion must be paid at the time of filing this request (Respondent's is due with the subsequent filing of the Reply form) and is based on the total amount in dispute with a maximum fee of \$5000 unless the dispute is over two hundred thousand dollars. Pursuant to rule 11.A, the amount of my filing fee is \$ _____

8. If the amount in dispute is more that \$25,000, it may be heard by a 3-arbitrator panel. However, if you both agree, it may be still heard by one arbitrator. NOTE: if the matter does not qualify for three, one arbitrator will always be assigned.

PLEASE CHECK ONE: **THREE ARBITRATORS** / / **ONE ARBITRATOR** / /

9. If you both agree, you are also entitled to up to four hours of mediation time. If the matter does not resolve through mediation it will then proceed to arbitration. Please refer to the Mediation Rules of Procedure. Indicate your choice:

/ / **I WOULD LIKE TO MEDIATE** / / **I DO NOT WANT TO MEDIATE THIS DISPUTE.**

10. Please provide any other information and possible conflicts to assist us in assignment of the arbitrator and/or mediator.

11. ATTACH A STATEMENT OF FACTS.

12. 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.

DATE

PETITIONER'S SIGNATURE

DATE

PETITIONER'S SIGNATURE (if more than one)