



# ATTORNEY'S REQUEST

## for Resolution of a Fee Dispute

September 2010

**Please print or type**

**1. (a) Attorney:**

Name(s): \_\_\_\_\_

Firm: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**(b) Client(s)**

Name(s): \_\_\_\_\_

Firm: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**(c) Person who paid, or is responsible for paying, the Attorney's fees, if different from (b) Client above:**

Name(s): \_\_\_\_\_

Firm: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**(d) Attorney representing you in this dispute (if applicable):**

Name(s): \_\_\_\_\_

Firm: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**CONTINUES ON NEXT PAGE**

2. **YOU MUST SUBMIT A BRIEF WRITTEN DESCRIPTION** of the fee dispute on a separate sheet of paper. Submit the original of this form plus four copies of this form with the description. [See Rule 8.B. regarding additional submissions]

**Description attached to all five copies of this form.**

3. What type of case was the attorney handling for the client (divorce, family, etc.)?

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4. Do you have a written fee agreement?  Yes or  No. If no, describe agreement in your written description.

**If yes:**

(a)  Copy of the fee agreement attached.

(b) Is there a valid arbitration clause in the fee agreement? (BASF Rules of Procedure 4A.)  Yes or  No

5. Have you filed a lawsuit to collect fees?  Yes or  No

**If yes:**

(a)  Copy of the face sheet attached.

(b) When was it served? \_\_\_\_\_

(c) Has an answer been filed in court?  Yes or  No (If yes, see BASF Rules of Procedure 4.E)

6. Did you send the client the Notice of Client's Right to Arbitration?

**Choose one:**  Yes or  No

**If yes:**

(a) When did you send it? \_\_\_\_\_

(b)  Copy of Client's Right to Arbitration form attached to all five copies of this form.

7. If the client is awarded a refund, which can include any filing fees paid to this program, who is the attorney responsible for paying that refund pursuant to Business and Professions Code 6203(d)? (must be an individual, not a law firm)

**Responsible Attorney:** \_\_\_\_\_

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

**Choose one:**  Non-binding or  Binding (For more information, review Rules 4 & 5)

9. If you both agree, you are entitled to four hours of mediation time at no additional cost. If the matter does not resolve in the mediation, it will then be assigned to arbitrators and proceed with no additional filing fees. Please refer to Mediation Rules of Procedure at the back of the BASF Arbitration Rules of Procedure.

**Choose one:**  Yes, I would like to mediate first or  No, proceed directly to arbitration

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