



REQUEST FOR RESOLUTION OF A FEE DISPUTE AMONG ATTORNEYS

1. Petitioner (s) Name: _____ Email: _____
Company/Firm _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____

2. Attorney with whom you are having the dispute:
Name: _____ Email: _____
Firm: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____

3. Attorney representing you in this dispute, if applicable:
Name: _____ Email: _____
Firm: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Fax: () _____

If additional Attorneys are involved in the dispute, list their information on a separate sheet of paper.

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 Rule 4. **You Must Choose One:** **Binding** / / **Non-Binding** / /

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

ATTACH A COPY OF ANY WRITTEN FEE AGREEMENT BETWEEN YOU AND THE CLIENT.

7. **Filing Fee:** The filing fee is paid by the Petitioner and becomes part of the Award. It must be paid at the time of filing this request. The filing fee is 7% of the total amount in dispute with a maximum fee of \$7000 (See Rule 11.A.).

Pursuant to rule 11.A, the amount of my filing fee is \$_____ (enclosed).

8. Please provide any other information and possible conflicts to assist us in assignment of the arbitrator.

9. **ATTACH A STATEMENT OF FACTS**

10. 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)

11/2016

**ADR Services, The Bar Association of San Francisco
201 Mission St., Ste. 400, San Francisco, CA 94105
415.982.1600 adr@sfbar.org fax 415.989.0381 www.sfbar.org**