



THE BAR ASSOCIATION OF  
SAN FRANCISCO

# ATTORNEY'S REPLY

To Client's Request for Resolution of a Fee Dispute

## ATTENTION:

- **All sections of this form must be completed. Please answer every question, 1-12.**
- Incomplete forms or completed forms **without** the required number of copies will not be accepted and **will be returned**.
- Sign and date where indicated on the last page (the individual submitting the Reply has to sign, not his/her counsel).
- Return **the original and four (4) copies** of this form and all attachments, along with any filing fee on an increased amount in dispute (see item 7), to:

The Bar Association of San Francisco  
Attn: Fee Disputes Program  
201 Mission St., Suite 400  
San Francisco, CA 94105

- **Failure to follow the instructions and/or not submitting this Reply form with the required copies within the time limitations could result in limiting your right to present evidence in your fee dispute.**
- **If you have questions, or problems filling out the form, please contact us at 415-982-1600 or [adr@sfbar.org](mailto:adr@sfbar.org). Please consult the attached Rules for definitions of terms and clarification of the process.**

# ATTORNEY'S REPLY

## To Client's Request for Resolution of a Fee Dispute

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Case Name (Names of Parties) \_\_\_\_\_

BASF Case Number: \_\_\_\_\_ Type of law involved in the underlying case: \_\_\_\_\_

If there are other Respondents, including a different Responsible Attorney, please list their contact information on a separate sheet. They should also sign this Reply or submit their own Reply.

**1. My contact information:**

Name: \_\_\_\_\_

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

PO Box or Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I will be represented by the following attorney in this matter:

Name: \_\_\_\_\_

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

PO Box or Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. 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. Attach a copy to this form and all four (4) copies.

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

Yes or  No

**If yes:** When was the notice served? \_\_\_\_\_

ATTACH a copy of the Notice of Client's Right to Arbitration to this form and all four (4) copies.

4. 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.

### 5. Disputed Amount

- (a) The amount of fees billed? \$ \_\_\_\_\_  
What, if any, of this is interest? \$ \_\_\_\_\_
- (b) The amount of fees paid? (-) \$ \_\_\_\_\_
- (c) The outstanding balance: \$ \_\_\_\_\_

6. **Filing Fees:** The client has indicated an amount in dispute and paid a filing fee based on that amount.

If you believe the amount in dispute is higher than indicated by the client:

- (a) How much are you increasing the amount in dispute by? \$ \_\_\_\_\_
- (b) Provide an explanation of the increase for review by the arbitrators, with a copy attached to this form and to all four (4) copies).
- (c) **Additional filing fees** on the increase must be paid at this time. The amount of the filing fee to be paid is a percentage of the total increased amount in dispute above, with a maximum filing fee of \$7,000.00 [Exception: Unless the increased amount in dispute is \$1,000,000 or more; see Rule 13.A.1.(c)].
- (d) Please check one:
- If the additional amount in dispute is less than \$10,000, you pay 5%.  
Amount enclosed: \$ \_\_\_\_\_
- If the additional amount in dispute is more than \$10,000, you pay 7%.  
Amount enclosed: \$ \_\_\_\_\_

7. 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

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

**Choose one:**                     Criminal                     Civil                     No Preference

9. 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. 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

#### 10. 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

**11. You must submit a brief written description** (use below box) 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 Reply form.**

**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.

**[Counsel may not sign on behalf of parties.]**

Date: \_\_\_\_\_ Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print name: \_\_\_\_\_ Signature: \_\_\_\_\_