

**Riverside County Bar Association
Fee Arbitration Program**

ATTORNEY'S REQUEST TO ARBITRATE A FEE DISPUTE

- Send one copy of the completed form to the client by first class mail or arrange to have a process server deliver it to the client.
- Return the original and three (3) additional copies of this form with the correct filing fee to:
Riverside County Bar Association, 4129 Main Street, Suite 100, Riverside, CA 92501.
- Keep a copy for your files.

PLEASE PRINT OR TYPE ALL INFORMATION

1. ATTORNEY'S name: _____ Bar Number: _____
Phone: _____ Fax: _____ Email: _____
Firm name: _____
Address: _____
City: _____ State: _____ Zip: _____

2. CLIENT'S name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

3. What kind of case is involved? _____

4. What is the total amount of fee charged? \$ _____

5. How much of the fee has the client already paid? \$ _____

6. How much of the fee is in dispute? \$ _____

7. Do you have a written agreement? Yes No
If yes, please attach a copy of the written agreement. **If no**, please describe the oral agreement on a separate sheet.

8. Did you make billing arrangements with the client? Yes No
If yes, please describe: _____

9. What is the nature of the fee dispute? _____

10. If you and the client both agree to make the arbitration BINDING, no appeal or further proceedings will be possible after the arbitration award is made.

Do you agree to enter into BINDING arbitration? Yes No

11. **Filing fee:** 7.5% of the amount in dispute, see item # 6 \$ _____
(\$50.00 minimum, \$1000.00 maximum)
Attach your check, payable to "Riverside County Bar Association".

I, (attorney's name) _____ declare under penalty of perjury that I have sent a copy of this Request to Arbitrate by first class mail or personal service to:

client's name

address

city state zip code

on _____
date

attorney's signature

date

If you have any questions, please call the Riverside County Bar Association at (951) 682-1015, Monday through Thursday, 9 a.m. to 4 p.m.