CLIENT'S RESPONSE TO REQUEST FOR FEE ARBITRATION

To request a fee arbitration, please fill out this form and mail or email it to:

Fee Arbitration Committee Chair
Tulare County Bar Association
Post Office Box 1711
Visalia, CA 93279-1711
Email: info@tcbar.org
Website: https://tcbar.org/

1. ***Client's Name*** _____

   Address _____

   _____

   Telephone Number _____

   Email _____

   Do you consent to electronic service of documents? ☐ Yes ☐ No

   County _____

2. ***Attorney's Name*** _____

   Address _____

   _____

   Telephone Number _____

   Email _____

   County _____

3. Arbitration is mandatory for attorneys if requested by a client, but is only voluntary for the client if requested by an attorney.

   (A) Did you receive a Notice of Client's Right to Arbitration?

   □ Yes *(If so, please attach a copy of the Notice)*
   □ No

   (B) Are you requesting to proceed with arbitration?

   □ Yes
   □ No

4. Has a lawsuit been filed against you for recovery of the attorney's fees?

   □ Yes *(If so, please attach a copy of the Complaint)*
   □ No

5. Did your attorney give you written notice that he or she intended to file the lawsuit?

   □ Yes *(If so, please attach a copy of the Notice)*
   □ No

6. Was there a fee agreement between you and your attorney?

   □ Yes *(If so, please attach a copy of the Fee Agreement)*
   □ No

7. Describe the type of case for which you hired your attorney:

8. (A) How much have you paid your attorney? $_____

(B) What does your attorney claim is the balance owed? $_____

(C) The total of (A) and (B) $_____

(D) How much do you think the fee should have been? $_____

(E) The difference between (C) and (D) $_____

9. Please give a brief description of the fee disputed *(attached additional sheets and/or documents as necessary)*:

_____

_____

_____

_____

_____

_____

_____

_____

10. If the fee dispute is less than $25,000.00, it is heard by one (1) arbitrator. If it is more than $25,000.00, the dispute is heard by three (3) arbitrators. However, if both you and the attorney agree, you can have the dispute heard by one (1) arbitrator.

Do you agree to one (1) arbitrator?

□ Yes
□ No

11. You are entitled to choose whether one (1) attorney arbitrator in a three (3) person panel or the sole arbitrator practices either civil or criminal law. Please indicate your choice below:

□ I do not have a preference.
□ I want an attorney who practices civil law as an arbitrator.
□ I want an attorney who practices criminal law as an arbitrator.

12. Effect of Arbitration:

Arbitration according to Article 13 of the Business and Professions Code is called:

ADVISORY ARBITRATION, meaning that:

(A) Unless both you and the attorney agree **in writing** to **BINDING ARBITRATION**, this arbitration is **NON-BINDING**. This means that if you or the attorney are not happy with the award, either of you has the right to ask for a new trial in a civil court within 30 days from the date the award is mailed to you. If neither of you ask for a new trial in 30 days, the award automatically becomes final and binding.

BINDING ARBITRATION, meaning that:

(B) If you and the attorney **BOTH** agree in writing to make the arbitration **binding**, a new trial may **not** be requested and the award will immediately become final and binding on both of you.

13. Filing fees *(only applicable if you are the party requesting fee arbitration)*:

$50.00 for disputes up to $1,000.00
$100.00 for disputes up to $5,000.00
$150.00 for disputes up to $15,000.00
$250.00 for disputes up to $25,000.00
$500.00 for disputes over $25,000.00

Enter amount of filing fee enclosed: $_____

AUTOMATIC STAY:

Upon filing and service of the Request for Arbitration, any court action shall be stayed, without the necessity of court order until the award of the arbitrator(s) is issued or the arbitration is otherwise terminated.

Date of Filing _____

Signature _____

If you have any questions regarding this form, please email the Tulare County Bar Association at info@tcbar.org or leave a detailed message at (559) 697-5503.