

REQUEST FOR ARBITRATION OF A FEE DISPUTE

VCBA Fee Arbitration matters are governed by the Rules of Procedure for Fee Arbitration which were sent to you with this form. If you do not have a copy of the rules, contact this office **IMMEDIATELY**. You should read the rules carefully. If you have questions after doing so, contact this office at (805) 650-7599.

1. INITIATING PARTY:

The person requesting fee arbitration is the: (check one) Client Attorney Other
(Complete Section #19)

Name: _____ Phone: (____) _____ - _____

Address: _____
P. O. Box or Street Address

City County State Zip Code

E-mail Address (If applicable)

2. RESPONDING PARTY:

The person this arbitration is against is the: (check one) Client Attorney

Name: _____ Phone: (____) _____ - _____

Address: _____
P. O. Box or Street Address

City County State Zip Code

E-mail Address (If applicable)

3. If you are, or will be, REPRESENTED BY AN ATTORNEY IN THE ARBITRATION, please provide the following information about your attorney:

Name: _____ Phone: (____) _____ - _____

Address: _____
P. O. Box or Street Address

City County State Zip Code

E-mail Address (If applicable)

4. What type of case is involved in the dispute (e.g. adoption, probate, bankruptcy)?

5. Do you have a written fee agreement? (ATTACH A COPY)

YES NO

6. Did the attorney give you a written notice of your right to arbitrate? (ATTACH A COPY OF THE NOTICE)

If yes, when did you receive the notice?

Month/Day/Year

YES NO

7. Has the attorney filed a lawsuit against you to collect the fees or costs?*

If yes, have you filed an answer to the suit?

8. Have you filed a civil lawsuit against the attorney?*

*If you answered 'YES' to questions 7 or 8, call the Ventura County Bar Association at (805) 650-7599 for further information.

9. Amount you have already paid the attorney? \$

10. Additional amount, if any, the attorney claims you still owe? \$

11. Add lines 9 and 10: \$

12. Total amount you think the attorney should be paid: \$

13. Subtract lines 12 from 11. This is the AMOUNT IN DISPUTE: \$

14. NON REFUNDABLE FILING FEE \$ Attach check or money order, payable to 'VCBA' (See attached fee schedule for filing fee amount)

15. Provide a brief description of the fee dispute (use additional sheets as necessary)

16. A Fee Mediation Program is a voluntary option for fee disputes not to exceed \$5,000, if both parties agree. If both you and the other party agree to fee mediation, the arbitration process will be automatically stayed until the completion of the mediation procedure.

Do you agree to fee mediation instead of arbitration? Yes No

If you checked yes to the mediation option, you will be contacted by Ventura Center for Dispute Resolution (VCDS) to mediate your case. You can skip numbers 17 and 18 and fill out number 19.

17. 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.

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.

Choice (check one): I want Advisory Arbitration. I agree to Binding Arbitration.

18. If the attorney represented you in a civil matter you are entitled to choose an arbitrator who practices civil law; if your attorney represented you in a criminal matter you are entitled to chose an arbitrator who practices criminal law.

Choice (check one): 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.

19. If checked "Other" in Section #1, please explain your relationship to the client and the attorney named in Section #1. _____

20. I, _____, declare under penalty of perjury that I have filed an original of this
Initiating Party Name

Request for Arbitration with the Ventura County Bar Association by first class mail or arranged to have a process server deliver it to: Fee Arbitration Committee, 4475 Market Street, Suite B, Ventura, CA 93003.

I have also sent a copy of the Request for Arbitration to the responding party identified in paragraph number two (2) of this request by first class mail or arranged to have it delivered by process server.

By signing below, I/we fully understand that arbitration of a fee dispute is solely for the purpose of disputing attorney(s) fees, and that no issues of legal malpractice/negligence will be discussed.

Signed this _____ day of _____, 20

at _____, California.

Signature