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.

Mail this form with the filing fee to:

Fee Arbitration Program 4475 Market Street, Suite B Ventura, CA 93003 Telephone: (805) 650-7599

Please print in ink or type.

3.

INITIATING PAR	RTY:							
The person requesting fee arbitration is the: (check one)			□ Client	□ Attorney				
Name:		Phone: (_)	-				
Address:P. O. Box or Street Address								
	P. O. Box or Street Address							
City	County		State	Zip Code				
E-mail address:								
RESPONDING P	ARTY:							
The person this a	arbitration is against is the: (checl	k one)	□ Client	□ Attorney				
Name:		Phone: ()					
Address:	P. O. Box or Street Address							
City	County		State	Zip Code				
E-mail address:								
	be, REPRESENTED BY AN ATT	TORNEY IN	THE ARBITRA	TION, please prov				
Name:		Phone: (_)					
Address:	P. O. Box or Street Address							

		YES	NO
Do y	ou have a written fee agreement? (ATTACH A COPY)		
	the attorney give you a written notice of your right bitrate? (ATTACH A COPY OF THE NOTICE)		
	If yes, when did you receive the notice?	Month/Da	v/Year
	the attorney filed a lawsuit against you to collect the or costs?*		
	If yes, have you filed an answer to the suit?		
If yo	e you filed a civil lawsuit against the attorney? u answered 'YES' to questions 7 or 8, call the Ventura County Bar Association 05) 650-7599 for further information.		
Amo	ount you have already paid the attorney?	\$	
Addi	tional amount, if any, the attorney claims you still owe?	\$	
Add	lines 9 and10:	\$	
Tota	I amount you think the attorney should be paid:	\$	
Subt	tract lines 12 from 11. This is the AMOUNT IN DISPUTE:	\$	
Atta	I-REFUNDABLE FILING FEE ch check or money order, payable to 'VCBA' e attached fee schedule for filing fee amount)	\$	
Prov	ride a summary description of the fee dispute. Attach additional sheets if	necessary.	

16.	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 <i>civil court</i> 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 .			
		ey BOTH agree in writing to make the arbitration BINDING , a new trial may not e award will <i>immediately</i> become final and binding on both of you.		
	Choice (check one)	I want Advisory Arbitration.		
		I agree to Binding Arbitration.		
17.	If the attorney represented you in a civil matter you are entitled to choose an arbitrator who practice civil law; if your attorney represented you in a criminal matter you are entitled to choose an arbitrate who practices criminal law.			
	Choice (check one) an arbitrator.	 □ 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 		
18.	I,	, I declare under penalty of perjury under the laws of the		
	State of Californic correct to the be Arbitration with the process server de CA 93003.	that my statements on this request and any attachments are true and tof my knowledge and that I have filed an original of this Request for e Ventura County Bar Association by first class mail or arranged to have a liver it to: Fee Arbitration Committee, 4475 Market Street, Suite B, Ventura, oppy of the Request for Arbitration to the responding party identified in paragraph		
	number two (2) of the	s request by first class mail or arranged to have it delivered by process server.		
	Signed this	day of, 20		
	at	, California.		
		Signature		