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.

1. INITIATING PARTY:
The person requesting fee arbitration is the: (check one) □ Client □ Attorney

Name:_____ Phone: (___)_____-_____

Address: _____
P. O. Box or Street Address

_____
City County State Zip Code

E-mail address: _____

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: _____

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: _____

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

_____

		YES	NO
5.	Do you have a written fee agreement? (**ATTACH A COPY**)	_____	_____
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	
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 and10:	$ _____	
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 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 *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.

17. 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 choose 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.

18. **I, _____, I declare under penalty of perjury under the laws of the State of**
Initiating Party Name

California that my statements on this request and any attachments are true and correct to the best of my knowledge and that I have filed an original of this 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.

Signed this _____day of _____, 20____

at _____, California.

_____
Signature

RESPONSE TO REQUEST FOR ARBITRATION

Arbitration Case No._____

_____

Initiating Party

_____

Responding Party

STATEMENT OF FACTS:

If both you and the other party agree to make the arbitration BINDING, no appeal or further proceedings will be allowed after the arbitration award is made.

Do you agree to enter the dispute into binding arbitration?

YES_____ NO_____

Original response form shall be filed within twenty (20) days of the service of the request to the VCBA Office. Copies of the response form and materials must be sent to the arbitrator(s) and initiating party.

Failure to respond within the twenty days will disqualify you from attending the scheduled hearing and may result in a finding that you willfully failed to participate. Such a finding may preclude your ability to request trial de novo.

_____

Signature

_____

Date