

Instructions and Information for Requesting Fee Arbitration

INSTRUCTIONS

1. **READ** the *San Fernando Valley Bar Association Rules of Procedure for Fee Arbitrations*.
2. **COMPLETE** both pages of the *Client/Attorney Request for Arbitration of a Fee Dispute* form. Include additional pages to describe the fee dispute. **Sign and date the form. An incomplete form will be returned to you.** If you are initiating the fee dispute because you received a *Notice of Client's Right to Arbitration* from the attorney, **a returned form will effect your filing date.** The filing date is the day that our office receives your completed form. If you do not file by the 30-day deadline as stated in the notice, you will have waived your right to arbitration, thereby allowing the attorney to sue you to collect the fees. If you do not understand any part of the form or if you need help in completing it, please telephone our office and speak to a staff member who will help you.
3. **MAIL** the **complete original** *Client/Attorney Request for Arbitration of a Fee Dispute* form and any supporting documents that you wish to submit, accompanied by an additional:
 - **three (3) copies of the original form and your supporting documents if the disputed amount is less than \$10,000.** (Attach one (1) additional copy of the original form and supporting documents for each additional attorney named in the dispute)**; or
 - **five (5) copies of the original form and your supporting documents if the disputed amount is \$10,000 or more.** (Attach one (1) additional copy of the original form and supporting documents for each additional attorney named in the dispute)**; and
 - **A check, money order or credit card payment for the filing fee;**

**To: San Fernando Valley Bar Association
Mandatory Fee Arbitration Program
5567 Reseda Boulevard, Suite 200
Tarzana, CA 91356**

****Cases will not be accepted without the correct amount of copies.**

OTHER INFORMATION

1. **HEARINGS.** Fee disputes involving \$1,000 or less are decided without a hearing by the Committee Chair or designee based on the pleadings. Each party must submit all supporting documents and a complete written statement of the reasons for the dispute under penalty of perjury. If the amount in controversy is less than \$1,000 but more than \$500, any party may request that the parties appear at a hearing, either in person or telephonically, before the Committee Chair or designee assigned to the matter in addition to providing the written information required (Rule 21.3).
2. **WHO CAN REQUEST ARBITRATION.** Only the person or entity represented by the attorney can request arbitration. If someone else is being charged for the fees, the client must make the request and include that person as a party. Both the client and the other party must sign the request form (Rule 14.4).
3. **STAY OF PROCEEDINGS.** If you have been sued, you may stay the action by filing a *Notice of Automatic Stay* form with a copy of your completed request for arbitration with the court and the attorney (Rule 9.0). You may call this office for the appropriate form to notify the attorney and the court that the action has been stayed pending arbitration.
4. **WAIVER OF PERSONAL APPEARANCE.** If you cannot attend the hearing, you may waive your personal appearance (Rule 27.0) and have the matter decided on the documents submitted or have someone appear for you. If you wish to waive your personal appearance or if you want someone else to appear for you, you must complete a *Waiver of Personal Appearance* form. Please contact this office and ask that one be mailed to you.

CLIENT REQUEST FOR ARBITRATION OF A FEE DISPUTE

San Fernando Valley Bar Association fee arbitration matters are governed by the San Fernando Valley Bar Association Rules of Procedure for Fee Arbitrations which were sent to you with this form. If you do not have a copy, contact this office IMMEDIATELY or download the rules from the website at www.sfvba.org. You should read the rules carefully and, if you have questions after you have done so, contact this office for additional information.

PLEASE PRINT OR TYPE.

1. (a) **CLIENT**(b) **NAME OF INDIVIDUAL ATTORNEY** (with whom there is a fee dispute)

Name(s)

Name

Company name (if applicable)

Firm name

Box or street address

Box or street address

City State Zip Code

City State Zip Code

Telephone Number E-Mail address

Telephone Number E-Mail address

(c) **PERSON WHO PAID ATTORNEY'S FEES:** (If different from (a) above)

Name(s)

Box or street address

City State Zip Code

Telephone Number E-Mail address

2. If you are, or will be, represented by an attorney in the arbitration, provide the name, address and telephone number:

Name

Firm name

Box or street address

City State Zip Code

Telephone Number E-Mail address

3. When did you hire or first talk with the attorney? _____/_____/_____

4. When did the attorney stop representing you? _____/_____/_____

5. What type of case was the attorney handling for the client (divorce, criminal, etc.)? _____

6. Is there a written fee agreement? (If yes, please attach a copy.) Yes No7. Did the attorney give you a **Notice of Client's Right to Arbitration**? Yes No
If yes, what date was the written notice received? _____/_____/_____ (Please attach a copy of the notice.)8. Has a lawsuit been filed against you to collect the fees? Yes No (If yes, attach a copy of the complaint.)
If yes, did you answer the lawsuit? Yes No (If yes, please attach a copy of the answer.)9. Have you filed a lawsuit against the attorney? Yes No (If yes, please attach a copy of the complaint.)10. Were the attorney's fees ordered by the court or set by law? Yes No (If yes, explain on a separate sheet.)

- 11. Amount you already paid the attorney \$ _____
- 12. Additional amount, if any, the attorney says is still owed \$ _____
- 13. Add lines 11 and 12 \$ _____
- 14. Total amount you think the attorney should be paid \$ _____
- 15. Subtract line 14 from line 13. **THIS IS THE DISPUTED AMOUNT.** \$ _____
- 16. **FILING FEE:** (\$50 plus 5% of the disputed amount shown on line 15 if the amount is less than \$10,000; 6% of the disputed amount if the amount is \$10,000 or more but less than \$20,000; or 7% of the disputed amount when the total amount is \$20,000 or more, with a maximum fee of \$5,000). \$ _____

Method of Payment:

- Check or money order payable to the **San Fernando Valley Bar Association.**
- Please charge my credit card for \$_____.

Credit card number	Expiration Date	Authorized Signature
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- 17. Please provide a general description of the fee dispute on a separate sheet of paper.
- 18. If the fee dispute is for \$10,000 or less, it is heard by one (1) arbitrator. If it is for more than \$10,000, it is heard by three (3) arbitrators. If all parties agree, you can have the dispute heard by one (1) arbitrator even if the dispute is for more than \$10,000.
 - The dispute is for \$10,000 or less
 - The dispute is for more than \$10,000 and **I agree** to one arbitrator.
 - The dispute is for more than \$10,000 and **I do not agree** to one arbitrator.

19. Unless both parties agree in writing to BINDING ARBITRATION after the fee dispute arises, this arbitration is NON-BINDING. Non-binding arbitration means that if either party is unhappy with the award, either party has the right to ask for a trial in a *civil court*. Requesting a trial after arbitration will require filing documents with the appropriate court within 30 days from the date the award is mailed. Unless a party requests a trial after arbitration, the award *automatically becomes final and binding*.

If both parties 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 parties with limited rights to challenge the award in civil court.

Do you agree to binding arbitration? Yes No

- 20. If you are the client and 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. 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.

I declare under penalty of perjury under the laws of the State of California that my statements on this request and any attachments are true and correct. I have read and agree to abide by the Rules of Procedure of this program and confirm that I understand the refund schedule (Rule 19.3).

Client's Signature	Date
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Client's Signature (if more than one person is requesting arbitration, Attach additional signatures on a separate sheet of paper.)	Date
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**Mail this original form, supporting documents, copies and filing fee to:
 San Fernando Valley Bar Association | Mandatory Fee Arbitration Program
 5567 Reseda Boulevard, Suite 200 | Tarzana, CA 91356 | Telephone (818)227-0490**

***Include four (4) copies of this form and supporting documents for disputes of less than \$10,000. Include six (6) copies of this form and supporting documents for disputes of \$10,000 or more. Attach one (1) additional copy of this form and supporting documents for each additional attorney named in the dispute. Cases will not be accepted without the correct number of copies. **DO NOT FAX.**