



For Office Use Only	
Case No.	-A-
Filing Fee Received	
Date:	
Check No.	
Paid by:	

Request for Arbitration of a Fee Dispute

Santa Monica Bar fee arbitration matters are governed by the rules of procedure that were sent to you with this form. If you do not have a copy, contact this office **IMMEDIATELY**. You should read the rules carefully and, if you have questions, contact this office.

FILING FEE: The filing fee is 5% of the **Amount in Dispute** when the **Amount in Dispute** is less than \$10,000. The filing fee is 7% of the **Amount in Dispute** if the **Amount in Dispute** is \$10,000 or above. The minimum filing fee is \$100 and the maximum filing fee of \$5,000. To calculate the **Amount In Dispute**, see question 9 below. Make your check or money order payable to the Santa Monica Bar Association. **Do not send cash.**

Complete this form
and mail it
and the filing fee to:

Santa Monica Bar Association
Mandatory Fee Arbitration
2309 Santa Monica Blvd, #529
Santa Monica, CA 90404
feearbitration@smba.net
310-581-5163

1. PARTIES

(a) CLIENT (You)

Name _____

Street Address or PO Box _____

City _____ State _____ Zip Code _____

() _____

Telephone No. _____

() _____

Fax No. _____

Email Address _____

(c) YOUR REPRESENTATIVE

(if you have retained an attorney for the arbitration)

Name _____

Street Address or PO Box _____

City _____ State _____ Zip Code _____

() _____

Telephone No. _____

() _____

Fax No. _____

Email Address _____

(b) ATTORNEY (with whom there is a dispute)

Name _____

Street Address or PO Box _____

City _____ State _____ Zip Code _____

() _____

Telephone No. _____

() _____

Fax No. _____

Email Address _____

(d) PERSON WHO PAID THE FEES IN DISPUTE

(if different from you)

Name _____

Street Address or PO Box _____

City _____ State _____ Zip Code _____

() _____

Telephone No. _____

() _____

Fax No. _____

Email Address _____

2. COUNTY OF REPRESENTATION. The hearing in this matter will take place in the county where most of the legal services were provided.

In what county were the services provided?

3. DATES OF REPRESENTATION

(a) When did you hire or first talk with the attorney?

Month _____ Day _____ Year _____

(b) When did the attorney stop representing you?

Month _____ Day _____ Year _____

4. UNDERLYING CASE. What type of case was the attorney handling for you (divorce, criminal, etc.)

5. FEE AGREEMENT. Do you have a written fee agreement? Yes No
(If yes, **ATTACH A COPY OF THE AGREEMENT**)

6. NOTICE OF RIGHT TO ARBITRATION
(a) Did the attorney give you a written notice of your right to arbitration? Yes No
(If yes, **ATTACH A COPY OF THE NOTICE**)
(b) If yes, when did you receive written notice?

Month Day Year

7. PENDING LAWSUITS
(a) Has the attorney filed a lawsuit against you to collect the fees or costs? Yes No
(If yes, **ATTACH A COPY OF THE COMPLAINT.**)
(b) If yes, have you answered the suit? Yes No
(If yes, **ATTACH A COPY OF YOUR ANSWER.**)
(c) Have you filed any lawsuit against the attorney?
 Yes No
(If yes, **ATTACH A COPY OF THE COMPLAINT.**)

8. COURT ORDERED FEES. Have any fees been ordered by the court or set by law? Yes No
(If yes, explain on a separate sheet and **ATTACH A COPY OF THE COURT ORDER.**)

9. AMOUNT IN DISPUTE

(a) Amount you already paid to the attorney:	\$
(b) Amount the attorney says you still owe:	\$
(c) Add lines (a) and (b):	\$
(d) Amount you think the attorney should be paid:	\$
(e) Subtract line (d) from line (c).	
This is the Amount In Dispute.	\$

10. Please describe why you think the attorney's fee is too high. (Attach additional sheets, if necessary.)

11. CONSENT TO ONE ARBITRATOR. If the **Amount in Dispute** is less than **\$10,000**, one (1) arbitrator shall decide the dispute. If it is **\$10,000 or more**, three (3) arbitrators (one of whom shall be a non-lawyer) shall decide the dispute. If both you and the attorney **agree**, you can have the dispute heard by **one** (1) arbitrator, even if the dispute is for \$10,000 or more.

Check one:

- My dispute is for less than \$10,000.
 My dispute is for \$10,000 or more and **I agree** to one arbitrator.
 My dispute is for \$10,000 or more and **I do not agree** to one arbitrator.

12. CONSENT TO BINDING ARBITRATION. 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* (or through contractual arbitration, if applicable, pursuant to the retainer agreement) 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.**

Check one:

- Yes, I agree to binding arbitration.
 No, I do NOT agree to binding arbitration.

13. CHOICE OF ARBITRATOR. 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. Please indicate your choice below.

Check one:

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

14. CONSENT TO MEDIATION. This program provides a Mediation Service to resolve this matter. *There are no additional filing fees for this service* and you are entitled to up to four hours of mediation time. If the matter does not resolve through mediation it will then proceed to arbitration.

Check one:

- I would like to mediate this dispute.
 I do not want to mediate this dispute.

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.

Client's Signature

Date