



Kern County Bar Association Fee Arbitration Program

CLIENT'S REQUEST FOR FEE ARBITRATION

Kern County Bar Association fee arbitration matters are governed by the Rules of Procedure for Fee Arbitrations which were sent to you along with this form. If you do not have a copy, contact this office **IMMEDIATELY**. Please read the rules carefully and, after doing so, if you have any questions please contact the Kern County Bar Association offices at (661) 334-4700.

Please confirm that you have read and understood the Rules of Procedure for Fee Arbitration: Yes No

Filing Fee Schedule: There is a \$50 non-refundable Base Filing fee assessed for all parties filing a Request for Arbitration. In addition to the Base Filing fee, there is a Case fee assessed on all Fee Arbitration requests. The Case fee is equal to 5% of the disputed amount; up to a maximum of \$5,000. The total fee to file a Fee Arbitration request is the sum of the Base and Case filing fees.

Send a copy of this (completed) Request for Fee Arbitration application form to the attorney by first class mail, or deliver it to the attorney.

Please print or type.

1. (a) **CLIENT:**

(b) **NAME OF INDIVIDUAL ATTORNEY**
(With whom there is a dispute):

Name

Name

Box or Street Address

Box or Street Address

City State Zip Code

City State Zip Code

()
Area Code Daytime Telephone Number

()
Area Code Telephone Number

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

Name

City State Zip Code

Box of Street Address

()
Area Code Telephone Number

3. In what county/counties were legal services performed?

County/Counties

4. (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

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

6. Do you have a written fee agreement? **(If YES, ATTACH A COPY.)**

Yes No

7. (a) Did the attorney give you a written notice of your right to arbitration? **(If YES, ATTACH A COPY OF THE NOTICE.)**

Yes No

- (b) If yes, what date did you receive the written notice? _____ / _____ / _____
 Month Day Year
8. (a) Has the attorney filed a lawsuit against you to collect the fees or costs? **(If YES, ATTACH A COPY OF THE COMPLAINT.)** Yes No
- (b) If you have been sued, have you answered the suit? **(If YES, ATTACH A COPY OF YOUR ANSWER.)** Yes No
9. Have you filed a lawsuit against the attorney? **(If YES, ATTACH A COPY OF THE COMPLAINT.)** Yes No
10. Were the fees ordered by the court or set by law? **(If YES, explain on a separate sheet and ATTACH A COPY OF THE COURT ORDER.)** Yes No
11. Amount you already paid to the attorney. \$ _____
12. Amount the attorney says you owe. \$ _____
13. The sum total from adding lines 11 and 12. \$ _____
14. Amount you think the attorney should be paid. \$ _____
15. Subtract line 14 from line 13. **This is the disputed amount.** \$ _____
 Disputed Amount

Please make CASHIER'S CHECK or MONEY ORDER payable to: **Kern County Bar Association.**
 DO NOT SEND CASH.

(Case fee is 5 % of disputed amount. Disputed amount can be found on line 15.) Case Fee \$ _____

Base Filing Fee (non- Refundable) \$ **50.00**

(The sum of the Base and Case filing fees above) Total Fee Arbitration Request **Filing Fee** \$ _____

16. Please describe why you are disputing the attorney's fees:
 (Attach additional sheets if necessary.)

17. If the fee dispute is for less than \$15,000, it is heard by one (1) arbitrator. If it is for \$15,000 or more, it is heard by three (3) arbitrators. If the amount in dispute is more than \$15,000, the parties may agree, in writing, to have the matter heard by a single attorney arbitrator.
- My dispute is for less than \$15,000.
- My dispute is for \$15,000 or more and I *agree* to one arbitrator.
- My dispute is for \$15,000 or more and I *do not agree* to a single arbitrator.

18. 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**. (Further pertinent details on Non-Bing and Binding Arbitration are found under Rule 5.0)

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.

Do you agree to binding arbitration? Yes No

19. 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 manner 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.

Client's Signature

Date

NOTE: Your request for Fee Arbitration is NOT considered filed until the Kern County Bar Association has received and accepted your application and filing fee.

MAIL OR DELIVER THIS COMPLETED REQUEST FOR FEE ARBITRATION APPLICATION FORM AND FILING FEE TO:

**KERN COUNTY BAR ASSOCIATION
1112 Truxtun Avenue
Bakersfield, Ca 93301**

Kern County Bar Association Office Use ONLY		
Application submitted: <input type="checkbox"/> In person <input type="checkbox"/> Via mail Date: / /		
Fee Waiver Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No / Fee Waiver Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Filing Fee		
Date received: / /	amount: \$	check number:
Fee Arbitration Initiation Date: / /		
Notes:		

