

Office Use Only: _____
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**PLACER COUNTY BAR ASSOCIATION
REQUEST TO ARBITRATE AND AGREEMENT TO ARBITRATE**

To begin arbitration, you must fill out this form and mail it to:

F. Patrick Keegan, Chair
Placer County Bar Association
Fee Arbitration Committee
2130 Professional Drive, Suite 230
Roseville, CA 95661

DO NOT SEND CERTIFIED OR REGISTERED MAIL

1. a. Client's Name: _____
b. Telephone: Home (_____) _____ Work (_____) _____
c. Address: _____

2. a. Attorney's Name: _____
b. Telephone: (_____) _____
c. Address: _____

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

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

5. Do you have a written fee agreement, fee quotation or letter explaining a fee arrangement?
< > Yes < > No If yes, please attach a copy.
6. How much money is in dispute?
 - a. How much have you already paid? \$ _____
 - b. How much more does the attorney say you owe? + \$ _____
 - c. Add lines (a) and (b) \$ _____
 - d. What do you think the total fee should be? - \$ _____
 - e. Subtract line (d) from line (c) – **This is the disputed amount.** \$ _____

7. Filing Fee: **NO CASE WILL BE ACCEPTED WHERE THE DISPUTE IS LESS THAN \$1,000.**
In all other respects the filing fee is as follows:

- \$ 1,000 to \$ 2,500 = \$125
- \$ 2,501 to \$ 5,000 = \$200
- \$ 5,001 to \$10,000 = \$300
- \$10,001 to and over = \$500

Please make your check/money order payable to **Placer County Bar Association**. Do not send cash.

8. a. Has the attorney filed a lawsuit to collect the fee against you?
 < > Yes < > No
- b. If so, have you filed an answer to the lawsuit?
 < > Yes < > No

9. Have you filed a civil lawsuit against the attorney?
 < > Yes < > No

10. The arbitration shall be conducted by the Client Relations Committee of the Placer County Bar Association pursuant to its rules and California Business and Professions Code Section 6200,00, and the rule promulgated thereunder.

11. Please give a brief a description of the fee dispute (use additional sheets if necessary.)

12. Effect of Arbitration – Arbitration under the Business and Professions Code Section 6200, et seq., is called "Advisory Arbitration," meaning that:

If either you or the attorney are not satisfied with the arbitrator(s)' award, you have the right to ask the court for a new hearing within thirty (30) days of the date the arbitrator(s)' recommended settlement is mailed to you. If neither party asks for a new hearing within the thirty- (30) days, upon application by the prevailing party, the court may render a judgment, which is binding upon all parties.

However, you and the attorney may agree to make the arbitration **BINDING**, which means that once the arbitrator(s) makes an award, no further proceedings will be possible. A binding arbitration award may be vacated by the court, only if it can be shown that one of the grounds listed in Code of Civil Procedure Section 1286.2 existed. Those grounds are:

- a. The award was procured by corruption, fraud or other undue means;
- b. There was corruption in any of the arbitrators;
- c. The rights of such party were substantially prejudiced by misconduct of an arbitrator;
- d. The arbitrators exceed their powers and the award cannot be corrected without affecting the merits of the decision upon the controversy submitted; or

- e. The rights of such party were substantially prejudiced by the refusal of the arbitrators to hear material evidence as to a showing of just cause.

Therefore, please choose whether you want an advisory or binding arbitration (check one):

_____ I want an Advisory Arbitration.

_____ I agree to Binding Arbitration.

- 13. The arbitration panel shall consist of one (1) arbitrator. Placer County's fee arbitration program does not provide for any three-member panels.
- 14. Each party hereto shall make available to the arbitrator(s) such papers, books, records, communication, and documents, and such testimony or any witness within the control of such party, as may be requested by the arbitrator(s). Neither the Placer County Bar Association nor any of its officers, members, agents or employees, or any of the arbitrators named or serving thereunder, shall be liable to any of the parties hereto for any cause whatsoever arising from this agreement or the arbitration to be conducted hereunder. Notice and communications to each party may be given by mail to the address shown on the first page of this request form.
- 15. I agree to submit to arbitration by members of the Committee on Arbitration of Fee Disputes under the Placer County Bar Association's Rules of Procedure.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Client's Signature

**REQUEST TO ARBITRATE AND AGREEMENT TO ARBITRATE
REPLY OF ATTORNEY**

- 16. Please set forth a brief statement of facts and contentions regarding this dispute.
- 17. Please indicate whether you want an advisory or binding arbitration (check one):
_____ I want an Advisory Arbitration.
_____ I agree to Binding Arbitration.
- 18. I agree to submit to arbitration by members of the Committee on Arbitration of Fee Disputes under the Placer County Bar Association's Rules of Procedure.

I declare under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Attorney's Signature