



Rev. 5/2018

STATE BAR OF ARIZONA
FEE ARBITRATION PROGRAM

PETITION FOR ARBITRATION OF FEE DISPUTE

RETURN ORIGINAL FEE ARBITRATION FORMS TO:

State Bar of Arizona
Attn: Fee Arbitration Coordinator
4201 N. 24th Street, Suite 100
Phoenix, AZ 85016-6288
(602) 340-7379

DO NOT WRITE IN THIS SPACE STATE BAR USE ONLY
FILE NUMBER: _____
DATE RECEIVED: _____

Please type or print. Answer each *applicable* question completely. **Do not write on the back of the pages.**
Use additional sheets as required.

1. **Client's*** name, address, telephone number and e-mail address:

Name

Address

City State Zip Code

_____ *Telephone Number* _____ *E-mail Address*

2. **Lawyer/Law Firm's** name, address, telephone number and e-mail address:

Name

Law Firm

Address

City State Zip Code

_____ *Telephone Number* _____ *E-mail Address*

*If this fee dispute is between two lawyers, please use this space to indicate the name of the lawyer initiating fee arbitration.

3. If the lawyer was paid by someone other than the client, give the name, address, email address and telephone number of the person who paid the lawyer. That person also must sign these forms.

Name

Address

City State Zip Code

Telephone Number

E-mail Address

4. Was a fee or retainer agreement signed? Yes ___ No ___ If you have one, please provide a copy of the fee agreement. If you do not have a copy, please specify the nature of the fee agreement (hourly, contingent, flat fee, earned upon receipt, etc.).

-
5. Type of case:

-
6. What was the total amount of the fees and/or costs charged for the representation?

-
7. How much of the total fees and/or costs charged has been paid?

-
8. What is the EXACT DOLLAR AMOUNT in dispute?

-
9. What dollar amount do you think is a reasonable fee for the services rendered, and why?

-
10. In what county in Arizona were the legal services performed?

14. Will a lawyer be representing you in this fee arbitration matter? If so, please indicate the name, address, telephone number and e-mail address of the lawyer representing you in this fee arbitration.

Name

Law Firm

Address

City State Zip Code

Telephone Number *E-mail Address*

I hereby certify, under penalty of perjury, that the foregoing information is true and correct.

I agree to keep the State Bar of Arizona apprised of my address at all times during these proceedings; my failure to notify the State Bar of any changes in my address shall constitute waiver of notice of hearing.

Signature

Printed Name

Date

Signature

Printed Name

Date



Rev. 5/2018

**STATE BAR OF ARIZONA
FEE ARBITRATION PROGRAM
AGREEMENT TO ARBITRATE**

FILE NUMBER: _____

This Agreement is made between _____, (the Client), and _____, (the Lawyer or Law Firm), regarding a fee dispute that exists between them, the nature of which is set forth in the Petition for Arbitration now on file.

Said parties expressly consent and agree as follows:

1. An avowal that the Parties have attempted to resolve the dispute and are unable to do so, or have a reasonable belief that such an effort would be useless.
2. An agreement to hold harmless from suit the State Bar and its employees, the volunteer arbitrators of the Program, the Arbitrator, and all others participating in good faith in the arbitration proceedings.
3. An acknowledgement that the Award of the Arbitrator is final and binding upon the Parties and that such Award may be enforced by any court of competent jurisdiction.
4. An agreement to keep the State Bar apprised of any change in address and other contact information occurring subsequent to filing the Petition. A failure to keep the State Bar so apprised will be deemed waiver of notice of hearing.
5. An agreement that said dispute will be heard and determined by the Program in accordance with the Rules of Arbitration of Fee Disputes, copies of which have been delivered to and read by each of the Parties and which Rules expressly are accepted.
6. An agreement to submit to the Arbitrator, the State Bar of Arizona Fee Arbitration Program Coordinator, and the opposing Party, no later than ten (10) days prior to the hearing, all relevant records pertaining to the dispute, including but not limited to the Fee Agreement, all billings, and all documents to be introduced into evidence at the hearing directly related to the Fee Dispute.
7. An avowal that no civil litigation or arbitration regarding this Fee Dispute has been filed or if a civil suit or arbitration was filed, it has been dismissed or stayed.
8. An agreement to arbitrate the dispute to conclusion, absent a subsequent written agreement signed by all Parties, agreeing to dismiss the dispute.
9. An agreement that a Lawyer Party will not charge fees and/or expenses for participation in a Fee Arbitration.

10. An avowal by the Lawyer that he/she has an ethical obligation to appear if he/she has signed the Agreement to Arbitrate. Any Lawyer who signs the Agreement to Arbitrate can and does obligate the firm to participate in Fee Arbitration.

11. An avowal by the Lawyer that he/she has the authority to bind the firm to participation in Fee Arbitration if appearing on behalf of the firm.

Each party has signed this Agreement to Arbitrate on the date set opposite his/her signature.

Client's Signature

Date

Additional Client's/Payer's Signature (if applicable)

Date

Attorney's Signature

Date

Attorney's Signature

Date

*In an arbitration proceeding where the amount in controversy is more than \$20,000, any party may request that the matter be heard by a fee arbitration panel of three (3) persons (See Rule V.A., Rules of Arbitration of Fee Disputes).

Please check the following box if the amount in controversy is more than \$20,000 and you would like this matter assigned to a three-member panel.

I /we request a three (3) person panel for this Fee Arbitration.

I/we do not request a three (3) person panel to hear this Fee Arbitration.