



SONOMA COUNTY BAR
ASSOCIATION

FEE ARBITRATION PROGRAM

CLIENT'S REQUEST FOR ARBITRATION OF A FEE DISPUTE

Mail this form along with filing fee check or money order to:

**Sonoma County Bar Association
Fee Arbitration Program
37 Old Courthouse Square, Suite 100
Santa Rosa, CA 95404**

Please type or print

Today's Date _____

Client's name _____

Daytime phone (____) _____

Address _____

City _____ State _____ Zip _____

County of residence at time legal services commenced _____

Attorney's name _____

Attorney's Phone (____) _____

with whom there is a dispute

Attorney's address _____

City _____ Zip _____

When were the legal services rendered (for which there is a fee dispute)? _____

In what county were the legal services rendered? _____

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

Do you have a written fee agreement? (if yes, attach a copy) yes no

Were the fees court-ordered? yes no

Has the attorney filed a suit against you to collect the fees? yes no

If yes, please call the SCBA @ (707) 542-1190, ext. 19.

Have you received a "Notice of Client's Rights to Arbitrate" informing you about arbitration and the 30 day limit to respond? yes no

If yes, on what date did you receive it? _____

