

# SANTA MONICA BAR ASSOCIATION

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  
2461 Santa Monica Blvd, #529  
Santa Monica, CA 90404  
mfa@smba.net  
310/450-9289

### 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 \_\_\_\_\_

**SANTA MONICA  
BAR ASSOCIATION**

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

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**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 <b>Amount In Dispute.</b>	\$

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

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**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