



Rev. 11/2024

**STATE BAR OF ARIZONA
FEE ARBITRATION PROGRAM**

CLIENT 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: _____

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

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

Name

Address

City State Zip Code

Telephone Number

E-mail Address

2. Is Petitioner the Client who received legal services? Yes _____ No _____

If the Petitioner is NOT the Client, please explain your relationship to the Client: _____

Is there any legal document giving Petitioner the authority to act on Client's behalf (Ex.

Power of Attorney, appointment as personal representative or trustee, etc.)? Yes _____ No _____

If Yes, please PROVIDE A COPY of said document with this Petition.

3. Will a lawyer be representing you in this fee arbitration matter? Yes _____ No _____

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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

4. **Who is the Client?** _____

Client's address, telephone number and e-mail address:

Address

City State Zip Code

Telephone Number

E-mail Address

5. **Were some or all of the legal fees paid by someone other than the Client?** Yes ___ No ___

If you answered 'Yes,' please give the name, address, email address and telephone number of the person who paid the lawyer. That person must also sign these forms.

Name

Address

City State Zip Code

Telephone Number

E-mail Address

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6. **Who is the Fee Dispute with? Please state the Lawyer, Legal Paraprofessional and/or Law Firm's name, address, telephone number and e-mail address:**

Name

Law Firm

Address

City State Zip Code

Telephone Number

E-mail Address

7. **On what date did the lawyer/legal paraprofessional – client relationship begin?**

8. **In what Arizona county were the legal services performed?** _____

9. **Is there a written fee agreement?** Yes _____ No _____ If you have one, please PROVIDE A COPY of the fee agreement that governs the representation at issue..

If you cannot provide a written fee agreement, please answer as much of the following as possible:

Was this an hourly, contingent, or flat fee agreement? _____

What was the hourly rate, fee, or percentage? _____

Was an advance fee deposit required? _____

Are there any other terms that might impact the Fee Dispute? _____

10. **What type of case was the Lawyer/Legal Paraprofessional or Law Firm hired to perform? (Real Estate Law, Civil, Personal Injury, Family Law, etc.)**

11. **Was the work completed? Yes _____ No _____**

If 'No,' Why Not? _____

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12. **How much, in total, were you billed/charged for the legal services?**

Fees Billed: _____

Costs Billed: _____

13. **To date, how much of the total fees and/or costs charged has been paid? _____**

14. **What are you seeking in this Fee Dispute? (Please choose one option below):**

A refund in the amount of \$_____

OR

A payment reduction in fees owed in the amount of \$_____

NOTE: In order for the Program to accept jurisdiction over the Fee Dispute, the Amount in Dispute must be at least \$1,000.00.

15. What Dollar amount do you think is a reasonable fee for the legal services rendered and why?

16. **Please describe in detail why you are claiming that the legal fees charged in your case are unreasonable. Be specific. (If you need additional space, please add separate pages.)**

NOTE: The reasonableness of legal fees is governed by Ethical Rule (“ER”) 1.5, Arizona Rule of the Supreme Court 42. This Rule sets out eight (8) Factors that the Fee Arbitrator assigned to your matter will consider. To the degree these factors impact your claim that your legal fees are unreasonable, please describe your position on any factors that apply.

NOTE: The Fee Arbitration Program is not a collection agency and it does NOT have any authority to evaluate claims regarding contract law or enforceability, malpractice, or other ethical violations. The Program may only evaluate the reasonableness of the fees pursuant to ER 1.5.

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The factors to be considered in determining the reasonableness of a fee include the following:

- (1) the time and labor required, the novelty and difficulty of the questions involved, and the skill requisite to perform the legal service properly;
- (2) the likelihood, if apparent to the client, that the acceptance of the particular employment will preclude other employment by the lawyer;
- (3) the fee customarily charged in the locality for similar legal services;
- (4) the amount involved and the results obtained;
- (5) the time limitations imposed by the client or by the circumstances;
- (6) the nature and length of the professional relationship with the client;
- (7) the experience, reputation, and ability of the lawyer or lawyers performing the services; and
- (8) the degree of risk assumed by the lawyer.

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17. **On what date did the lawyer/legal paraprofessional - client relationship end?**

18. **Did the representation at issue involve filing a lawsuit, arbitration, or any other proceeding before a tribunal that has or will render a judgment or award? Yes _____ No _____**

If 'Yes,' what is the status of the proceeding (settled, ongoing, on appeal, etc.)? _____

19. **Has ANY lawsuit or proceeding been filed, or do you expect any lawsuit to be filed, that relates in any way to the legal services performed, your lawyer's fees, or the lawyer's conduct? Yes _____ No _____**

If you answered 'yes,' please provide any relevant information (Court name, parties involved, case status, etc.). _____

20. **To the best of your knowledge, were any attorney fees awarded in the matter at issue or is there a potential they may be awarded? Yes _____ No _____**

Please provide any additional information that may be relevant. _____

NOTE: If you answered 'Yes' to Questions 18, 19, or 20, the Fee Arbitration Program may lack jurisdiction to hear the Fee Dispute. If there currently is a lawsuit pending that has any bearing on the attorney fees at issue, it **MUST** be finally resolved, dismissed, or stayed before any Fee Arbitration can go forward.

21. **Is there any other information you think the Arbitrator should know about your Fee Dispute?**

NOTE: You will have an opportunity to submit evidence and exhibits to the Arbitrator at a later date.

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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 and phone number at all times during these proceedings. I understand that my failure to notify the State Bar of any changes in my address shall constitute waiver of notice of hearing.

Signature

Date

Printed Name

Signature

Date

Printed Name



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

FEE ARBITRATION FILE NUMBER: _____
(This number to be completed by the Fee Arbitration Coordinator)

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

Each Party to this Agreement knowingly, voluntarily, and expressly consents, agrees, and avows:

1. The Parties have attempted to resolve the dispute and are unable to do so, or have a reasonable, good faith belief that such an effort would not be fruitful.
2. 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. 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. 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. The dispute will be heard and determined by the State Bar Fee Arbitration 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. To submit to the Arbitrator, the State Bar of Arizona Fee Arbitration Program Coordinator, and the opposing Party or Parties, 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, payments, and all documents to be introduced into evidence at the hearing directly related to the Fee Dispute.
7. No civil litigation, arbitration, or other proceeding related to or impacting this Fee Dispute has been filed; or, if a civil suit, arbitration, or proceeding has been filed, that it has been dismissed or stayed.

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8. To arbitrate the dispute to its conclusion, absent a settlement or subsequent written agreement signed by all Parties agreeing to dismiss the dispute.
9. No Lawyer/Legal Paraprofessional Party will charge a fees or expenses for participation in a Fee Arbitration.
10. Each Lawyer/Legal Paraprofessional Party who has signed the Agreement to Arbitrate has and will discharge his/her ethical obligation to appear and participate in the Arbitration proceedings in good faith. Any Lawyer/Legal Paraprofessional Party who signs the Agreement to Arbitrate can and does obligate his/her respective law firm to participate in and be bound by the results of Fee Arbitration.
11. Each Lawyer/Legal Paraprofessional Party appearing on behalf of any Law Firm has the authority to bind said law firm to participate and be bound by the results of the Fee Arbitration proceedings.

In an arbitration proceeding where the legal fees in dispute are more than \$25,000, any party may request that the matter be heard by a fee arbitration panel of three (3) persons (See Rule VI.A., Rules of Arbitration of Fee Disputes). **Please be aware that the arbitration process will require extra time to accommodate recruiting panel members and coordinating with three arbitrators' schedules when setting the hearing date, as well as extra time with regards to issuing the award.**

Please check the appropriate box:

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.

**Remainder of page intentionally left blank.
Please proceed to next page to complete and sign the form.**

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If you are the Client, please state your preference (First, Second and Third Choice) for how you would like to participate in the Arbitration Hearing:

In Person _____ Videoconferencing _____ Telephone _____

If you are the Attorney/Legal Paraprofessional, please state your preference (First, Second and Third Choice) for how you would like to participate in the Arbitration Hearing:

In Person _____ Videoconferencing _____ Telephone _____

Each signatory to this Agreement hereby certifies, under penalty of perjury, that the foregoing information is true and correct. Each Party has signed this Agreement to Arbitrate on the date set opposite his/her signature.

Client's Signature

Date

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

Date

Attorney/Legal Paraprofessional's Signature

Date

Attorney/Legal Paraprofessional's Signature

Date