



LOUISIANA STATE BAR ASSOCIATION FEE DISPUTE RESOLUTION PROGRAM PETITION TO ARBITRATE LEGAL FEES

Return this form to:
LSBA ADR Program Assistant
601 St. Charles Ave.
New Orleans, LA 70130-3404

Please read the rules and guidelines for the LSBA's Fee Dispute Resolution Program and this form's instructions. You may contact the Louisiana State Bar Association ((504) 619-0143; Lisa Watkins; lisa.watkins@lsba.org) or (504) 619-0153). The rules and guidelines for the LSBA Lawyer Fee Dispute Resolution Program are available on lsba.org.

1. The dispute must be about the fair and reasonable value of the lawyer's legal services for the client.
2. The petitioner and the respondent must both agree to participate and agree on the disputed amount. Each party must pay the filing fee to start the arbitration process and proceed to hearing. If the parties have signed written contract in which there is a provision that fee disputes will be resolved by the LSBA fee arbitration program, the contract must be attached to the petition or to the response.
3. **IF INITIATING THE ARBITRATION:** Whether you are the client or the lawyer, provide the names of all parties to the dispute. Sign your name to the agreement to arbitrate on page 3 and return an original to the LSBA at the address above.
4. **IF RESPONDING TO THE ARBITRATION PETITION:** Return your response (agreement or disagreement) within 30 days of receipt of this form. If agreeing to the arbitration, please execute the third page and return the original to the LSBA at the address above.
5. **FILING FEES:** The party initiating the arbitration must submit the petition form with the filing fee. The party responding to the petition, if agreeing to arbitrate, must also submit the filing fee. Filing fees will be returned to the initiating party if there is no agreement to arbitrate.
6. **AMOUNT OF FILING FEES:** An administrative fee as outlined below must be submitted to the LSBA along with the arbitration demand or submission agreement. Arbitrators may charge hourly fees in attorney/attorney disputes.

Attorney/Client	\$50.00 each
Attorney/Attorney	\$100.00 each
Disputes over \$10,000.00	\$100.00 each

7. **SUPPLEMENTAL MATERIALS:** Please prepare a brief description of the dispute and a copy of the written fee agreement (if any). The arbitrator may request supporting documents after the hearing is scheduled or they can be submitted on the date of the hearing.

IF THERE IS PENDING LITIGATION:

If there is pending litigation regarding a lawyer's claim for fees, arbitration **cannot** occur without a court order deferring the lawsuit.

FILING A GRIEVANCE WITH THE OFFICE OF DISCIPLINARY COUNSEL:

The right to file a complaint with the Office of Disciplinary Counsel ("ODC") is not limited by participating in the LSBA's fee dispute arbitration program. The ODC does not routinely share files or information regarding grievances with the LSBA's Fee Arbitration Program.

FEE ARBITRATION IS CONFIDENTIAL AND BINDING:

Fee arbitration does not occur unless both parties agree to arbitrate. By signing the Agreement to Arbitrate below both parties agree that the **award/decision of the Arbitrator is binding**. Arbitration proceedings are generally confidential except as noted under the LSBA rules. The Office of Disciplinary Counsel may subpoena information from the fee arbitration program.

COUNTERCLAIMS: The attorney has the right to counterclaim [can do so with the addition of a supplement to the petition to arbitrate.] Fee arbitration awards can be awarded to either party and the attorney may be awarded earned fees.

PARTIES TO THE DISPUTE

Initiating Party

Address (Address, Apartment Number, Suite)

City, State & Zip Code

Phone Number (Area Code)

Cell Number (Area Code)

E-mail Address

Name of Initiating Party's Representative (if any)

Address (Address, Apartment Number, Suite)

City, State & Zip Code

Phone Number (Area Code)

Cell Number (Area Code)

E-mail Address

**Name of Person who Paid Attorney's Fees
(if different from client)**

Address (Address, Apartment Number, Suite)

City, State & Zip Code

Phone Number (Area Code)

E-mail Address

Responding Party

Address (Address, Apartment Number, Suite)

City, State & Zip Code

Phone Number (Area Code)

Cell Number (Area Code)

E-mail Address

Responding Party's Representative (if any)

Address (Address, Apartment Number, Suite)

City, State & Zip Code

Phone Number (Area Code)

Cell Number (Area Code)

E-mail Address

Additional Respondent/Party (if any)

Address (Address, Apartment Number, Suite)

City, State & Zip Code

Phone Number (Area Code) \

E-mail Address

DISPUTE INFORMATION

1. What is the total amount of the lawyer's fees? _____
2. What is the amount in dispute? _____
3. What is the total amount already paid to the lawyer? _____
4. For what type of legal services was the lawyer employed? _____
5. Was there a written agreement or other correspondence on fees for legal services? (If "yes," include a copy.)
YES _____ NO _____
6. Was there an oral agreement regarding legal fees? (If "yes," include a written explanation of what the agreement was.)
YES _____ NO _____
7. Please concisely describe the fee dispute. If you need more space, please submit on a separate page.

8. Email communication is not mandatory; however, this allows the process to proceed more quickly than without it. If you provided an email address, do you wish your communications be sent to your email address? _____ YES _____ NO

AGREEMENT TO ARBITRATE

I hereby **AGREE** to binding arbitration of the fee dispute in accordance with the LSBA Lawyer Dispute Resolution Rules and Louisiana Arbitration Law and **AGREE** that the arbitrators may, in their award following arbitration, order reimbursement of all or part of the filing fee paid by either the petitioner or respondent. I understand that the arbitration proceedings are binding and confidential pursuant to the LSBA Rules of the Lawyer Fee Dispute Resolution Program, and the right to bring or defend an action in court is waived. Clients should consult an attorney if they have questions.

Initiating Party's Signature

Responding Party's Signature

Date

Date

**Person who paid Attorney's fees
(if different from client)**

Additional Respondent (if any)

Date

Date

DECLINE TO ARBITRATE

I hereby **DECLINE** to arbitrate the fees in question.

Date: _____