

REQUEST FOR FEE ARBITRATION
ALLEN COUNTY INDIANA BAR ASSOCIATION

1. Name of Client(s): _____

Address: _____

Telephone Number: _____ Email Address: _____

2. Name of Lawyer: _____

Firm: _____

Address: _____

Telephone Number: _____ Email Address: _____

3. Have you filed a complaint with the Disciplinary Commission of the Indiana Supreme Court against the lawyer named above attorney?

Yes _____ No _____

If you answered yes, is that complaint waiting for a decision?

Yes _____ No _____

If you answered yes to both questions, you should stop now, as no fee arbitration is available if a complaint is waiting to be decided by the Disciplinary Commission of the Supreme Court.

4. Has either you or the lawyer filed suit regarding these fees?

Yes _____ No _____

If you answered yes, do not go any further because arbitration cannot be used when a lawsuit is pending.

5. Did a Court order you to pay any of the fees in question?

Yes _____ No _____

If you answered yes, do not go on. Arbitration cannot be used when the Court has ordered fees.

6. When did the lawyer first agree to handle your case? _____

7. How many times did you meet with the lawyer? _____

How many times did you speak with him/her by telephone? _____

8. What type of case was involved? (E.g. criminal, real estate, divorce) _____

9. What services did the lawyer say would be done for you? _____

10. State the fee agreement that you had with the lawyer and attach copies of any letters or papers that discuss the fee agreement: _____

11. State all amounts paid to the lawyer, the dates of payment and for what the payment was made:

12. State the total amount of the lawyer's bill: (attach a copy, if available)

13. Briefly explain why you disagree with the bill for legal services: _____

(USE ADDITIONAL SHEETS IF NEEDED)

I further state that I wish to submit this matter to the Allen County Indiana Bar Association Fee Dispute Committee and further waive the attorney-client privilege pursuant to the Rules of Professional Conduct. I have read and understand the Fee Dispute Committee Rules. I fully understand that the determination of the Committee is not legally binding on the attorney or me but such a determination may be used in Court against the attorney or me. I realize that once the hearing has commenced the Fee Dispute Committee need not permit me to withdraw my request and may proceed to hear the matter, even in my absence should I not choose to attend regularly scheduled hearing dates. I am further aware that if any action for payment of the fee is now pending in a court in this State, that lawsuit will prevent the Committee from hearing this matter unless the lawsuit is dismissed. I also understand that as an alternative to these arbitration proceedings, I have the option of presenting this matter to a court in this State. I prefer, however, to submit the dispute to the Fee Dispute Committee for resolution under the terms recited herein.

Date: _____ Signed: _____

(Only original signatures are accepted)

RETURN TO: Allen County Indiana Bar Association, 924 South Calhoun Street, Ft. Wayne, IN 46802