
Petitioner

Mailing Address

City State Zip Code

E-mail Address

Telephone Number (Daytime/Work)

FAX Number

v.

Attorney

Mailing Address

City State Zip Code

Telephone Number (Office)

ABA Date Rec'd Stamp

PETITION FOR ARBITRATION
OF FEE DISPUTE

ABA File No. 20____F_____
(ABA Use Only)

PLEASE FILL IN BLANKS OR CIRCLE APPROPRIATE WORDS:

1. I request arbitration of a fee dispute between myself and the Attorney named above.
2. I hired the Attorney on _____.
(approximate date)

3. I asked the Attorney to provide the following services: (attach extra pages if necessary)
4. The Attorney (DID) (DID NOT) tell me the fee to be charged for the services.
5. The fee arrangement was:
- (a) \$_____ per hour;
 - (b) \$_____ lump sum fee;
 - (c) _____% (percent) contingency fee;
 - (d) Other:
6. The fee arrangement (WAS) (WAS NOT) in writing. *(If so, please attach a copy of the written agreement.)*
7. I (DID) (DID NOT) receive billing statements from the Attorney. *(If so, please attach copies of billing statements.)*
8. I was charged the total amount of \$_____.
9. I (DID) (DID NOT) pay money to the Attorney for services. I paid the Attorney a total of \$_____. *(Please attach copies of any receipts or canceled checks.)*
10. The Attorney (DOES) (DOES NOT) claim that I still owe him or her money for attorney fees. This amount is \$_____.
11. I believe that I was overcharged in the amount of \$_____. *(Please estimate the dollar amount if you are uncertain. Your petition will not be accepted if this is left blank.)*

12. The reason I believe the fee was excessive is: *(Attach additional pages if necessary.)*

13. I have attached the following documents to this petition to support this claim: *(Please list all documents attached in addition to the fee agreement or billing statements, if any.)*

14. The following persons can support my claim:

NAME

He or She would say the following:

15. I (HAVE) (HAVE NOT) made efforts to resolve this dispute directly with the Attorney before filing this petition. **(Note: this petition will be returned to you unless you have made reasonable efforts to resolve this dispute with the attorney.)**

16. I have made the following efforts: *(i.e., writing, phoning or meeting with the Attorney; please include dates if possible. Attach additional pages if necessary.)*

17. The Attorney (HAS) (HAS NOT) sued me for the amount he or she claims I owe. The case number is _____. *(See Alaska Bar Rule 39 for the procedure to stay a civil case until the outcome of a fee arbitration.)*
- a. I was served or received the Complaint *(noted in Item 17)* in the civil action on (date) _____. *(Please attach copy of the summons and complaint.)*
- b. At the time of service of the summons in the civil action, I (DID) (DID NOT) receive "Notice of Client's Right to Arbitrate."
18. I understand by filing this petition:
- (1) that I agree to be bound by the determination of the hearing panel which considers this matter;
- (2) that the determination may be reviewed by a court only for the reasons set forth in Alaska Statutes 09.43.120-180; and
- (3) that the determination may be reduced to judgment. I have been furnished with a copy of Alaska Bar Rules 34 - 42 and Alaska Statutes 09.43.010-180.
19. I request that the hearing panel resolve this matter by granting me the following: *(Please be as clear and concise as possible. Attach additional pages if necessary.)*
20. I have reviewed this petition, and it is true and complete to the best of my knowledge.

DATE: _____



Signature of Petitioner*

***PLEASE SUBMIT YOUR ORIGINAL PETITION WITH YOUR ORIGINAL SIGNATURE. THE ALASKA BAR ASSOCIATION CANNOT ACCEPT A COPY OR FAX OF YOUR PETITION FOR FEE ARBITRATION. PLEASE KEEP A COPY OF EVERYTHING YOU SUBMIT TO OUR OFFICE FOR YOURSELF.**

(Rev: 3/25/97)
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