



(Office Use Only)

Date Received: _____

Administrative Fee Paid: \$ _____

Case Number : _____

PETITION

[Client Request for Fee Arbitration]

1. Your name, address and telephone number:

Name:

Address:

Telephone Number:

2. Name, address and office telephone number of the law firm and/or attorney who handled your matter:

Name:

Address:

Telephone Number:

3. If your attorney filed a lawsuit on your behalf, in which county and court was the lawsuit filed?

Court: _____ County: _____

4. On what date did your attorney agree to handle your case?

_____, 20__.

5. Briefly describe the type of legal matter involved and what your attorney agreed to do in the course of representing you (attach a copy of the written retainer agreement, letter of engagement or other papers describing the fee arrangement, if any):

6. In the space below, indicate the date, amount and purpose of each payment you made to your attorney. Attach additional sheets if necessary.

<u>Date</u>	<u>Amount</u>	<u>Purpose (e.g., attorney's time, out-of-pocket expenses, filing fees, etc.)</u>
	\$	
	\$	
	\$	
	\$	

7. How much of your attorney's fee is in dispute (attach a copy of your attorney's bill, if available):

\$ _____

8. Have you received a "Notice of Client's Right to Arbitrate" from your attorney? _____ If yes, please attach a copy.

9. Have you and your attorney previously agreed to arbitrate this fee dispute and waive *de novo* review ? _____. If yes, please attach a copy of the agreement or other writing indicating such consent and waiver.

10. Briefly describe why you believe you are entitled to the amount set forth in question 7 (use additional sheets if necessary):

11. I elect to resolve this fee dispute by arbitration, to be conducted pursuant to Part 137 of the Rules of the Chief Administrator [22 NYCRR] and the Rules and Procedures of the Onondaga County Bar Association (“OCBA”) Attorney-Client Fee Dispute Resolution Program, copies of which I have received. I understand that the determination of the arbitrator(s) is binding upon both the lawyer and myself, unless either party rejects the arbitrator’s award by commencing an action on the merits of the fee dispute (trial *de novo*) in a court of law within 30 days after the arbitrator’s decision has been mailed or unless *de novo* review has been previously waived in writing and a copy of such writing has been or will be provided prior to the resolution of this matter.

Dated: _____

Signed: _____
(Petitioner)

IMPORTANT:

Once completed, signed and dated, submit this PETITION [Request for Fee Arbitration] by mailing along with the Administrative Fee to:

Christine L. Gray, Administrator
OCBA Attorney-Client Fee Dispute Resolution Program
Onondaga County Bar Association
1000 State Tower Building
Syracuse, New York 13202

The Administrative Fee for Arbitration is determined by the amount in dispute. **A check made payable to the Onondaga County Bar Association in an amount in accordance with the following schedule must accompany this Petition:**

<u>Amount in Dispute</u>	<u>Administrative fee</u>
\$ 1,000 - \$ 5,999	\$ 75.00
\$ 6,000 - \$ 50,000	\$ 225.00