

(For Office Use Only)  
Case No. \_\_\_\_\_  
Date Received:

REQUEST FOR FEE DISPUTE RESOLUTION  
(Civil Cases)

1. Name, address and telephone number of client is:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_
  
2. The name, address and telephone number of the lawyer or law firm is:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_
  
3. Type of case involved (check all that are applicable):

<input type="checkbox"/> Landlord-Tenant	<input type="checkbox"/> Negligence/PI	<input type="checkbox"/> Real Estate
<input type="checkbox"/> General Civil Litigation	<input type="checkbox"/> Corporate	<input type="checkbox"/> Traffic
<input type="checkbox"/> Malpractice/Medical	<input type="checkbox"/> Family Court/Custody	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family Court/Support	<input type="checkbox"/> Judicial Appointment/FC	_____
<input type="checkbox"/> Wills/Trusts/Estates	<input type="checkbox"/> Appellate	_____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Matrimonial	_____
  
4. Court in which the civil action was commenced, if applicable (include county): \_\_\_\_\_ Court \_\_\_\_\_ County
  
5. Set forth the date when the lawyer first agreed to handle case:  
\_\_\_\_\_
  
6. Attach a copy of the written retainer agreement or letter of engagement between lawyer and client. Attach copies of any other letters or papers that discuss the fee agreement.
  
7. Describe briefly what was the fee arrangement:  
\_\_\_\_\_  
\_\_\_\_\_  
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8. State all amounts paid to the lawyer; provide dates of payment and what the payment was to cover, if applicable:

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9. State the total amount of moneys in dispute, including any amount the lawyer says you still owe and any amount you already paid but believe should be refunded (attach a copy of the lawyer's bill, if available):

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10. Have you received a "Notice of Client's Right to Arbitrate" from your attorney: \_\_\_\_\_ (enter "yes" or "no" in space). If yes, please attach a copy.

11. Briefly explain why you disagree with the amount of money for legal services billed, paid, or demanded (use additional sheets, if necessary):

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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 procedures of the Suffolk County Bar Association, copies of which I have received. I understand that the determination of the arbitrator(s) is binding upon both the lawyer and client, 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.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

(Print name below signature)

Will be represented by legal counsel  
Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Important: Request for Fee Arbitration must be filed with the Suffolk County Bar Association, if the attorney is physically present in Suffolk County (has office in Suffolk) or if the majority of the legal services have been performed in Suffolk County. The Request must be filed within 30 days of the receipt from the lawyer of notice of the client's right to request arbitration. If the client does not file the Request for Fee Arbitration within those 30 days, the client will not be permitted to elect to resolve the fee dispute by arbitration pursuant to Part 137, unless the attorney elects to resolve this matter by arbitration and the written agreement provides for the same. The lawyer is required to provide the client with the address of the Suffolk County Bar Association upon request. A filing fee of \$150.00 is required.

Method of Payment:

- Filing Fee of \$150.00 paid by check is enclosed.\*
- I Elect to make payment by credit card.
  - Visa     Master Card     American Express     Discover

Name on Credit Card: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Expiration: \_\_\_\_ / \_\_\_\_

I hereby authorize the Suffolk County Bar Association in assessing a \$150.00 charge to the above credit card account.

X \_\_\_\_\_

- Request payment plan.
- I request a waiver of fee due to hardship (I understand that I must supply written verification of same).

\* the filing fee of \$150.00 should be remitted with this form unless a waiver is requested. Please Make check payable to "Suffolk County Bar Association".

**Please remit this form with payment to: Suffolk County Bar Association, 560 Wheeler Road, Hauppauge, NY 11788-4357, Attention: Fee Dispute Resolution Coordinator.**