

(For Office Use Only)  
Date Received: \_\_\_\_\_

Case No. \_\_\_\_\_

Matter of the Fee Arbitration between \_\_\_\_\_

Client,

-and-

Attorney.

RESPONSE TO REQUEST FOR FEE  
ARBITRATION TO BE FILED WITHIN  
15 DAYS OF MAILING  
OF COMPLAINT

1. (a) Type of case: \_\_\_\_\_  
(b) Date representation commenced: \_\_\_\_\_  
(c) Court where case was filed, if applicable: \_\_\_\_\_ Court \_\_\_\_\_ County

2. Attach a copy of the written retainer agreement or letter of engagement with the client and copies of any other letters or papers that discuss the fee arrangement.

3. Describe briefly what was the fee arrangement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attach copies of all itemized bills or bills submitted to the client.

5. Attach copies of all time records maintained in this case.

6. Set forth monies received by attorney on the client's behalf:

Date Received	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. State the amount of the fee, if any, that remains owing to attorney by the client, for which lawyer is asserting a counterclaim: \_\_\_\_\_

8. State attorney's response, if any, to the client's answer to Question 10 of \_\_\_\_\_



Certification

I hereby certify and affirm, under penalty of perjury, that all of the foregoing statements made by me are true, that all documents attached are true, and that I have, contemporaneously with filing this form with the Suffolk County Bar Association, mailed a copy by regular mail to the client.

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

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

[Print name below signature]

**IMPORTANT:** The attorney must file the Response to Request for Fee Arbitration with the Suffolk County Bar Association within fifteen (15) days of mailing.