



# Notice of Client's\* Right To Fee Arbitration

Client's Name: \_\_\_\_\_  
Client's Address: \_\_\_\_\_  
Client's City, State & Zip: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_  
Attorney's Address: \_\_\_\_\_  
Attorney's City, State & Zip: \_\_\_\_\_

You have an outstanding balance for fees and/or costs for professional services in the amount of \$ \_\_\_\_\_  
charged to you in the matter of \_\_\_\_\_

I have filed a lawsuit against you in the: Court: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Address: \_\_\_\_\_

I have filed an arbitration proceeding against you with the: Agency: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Address: \_\_\_\_\_

No lawsuit or arbitration proceeding has yet been filed but may be filed if we do not resolve this claim.

You have the right under Sections 6200-6206 of the California Business and Professions Code to request arbitration of these fees or costs by an independent, impartial arbitrator or panel of arbitrators through a bar association program created solely to resolve fee disputes between lawyers and clients.

You will LOSE YOUR RIGHT TO ARBITRATION UNDER THIS PROGRAM if:

1. YOU DO NOT FILE A WRITTEN APPLICATION FOR ARBITRATION WITH THE BAR ASSOCIATION WITHIN **30 DAYS** FROM RECEIPT OF THIS NOTICE USING A FORM PROVIDED BY THE LOCAL BAR ASSOCIATION OR STATE BAR OF CALIFORNIA FEE ARBITRATION PROGRAM; OR
2. YOU RECEIVE THIS NOTICE AND THEN EITHER (1) ANSWER A COMPLAINT I HAVE FILED IN COURT; OR (2) FILE A RESPONSE TO ANY ARBITRATION PROCEEDING THAT I HAVE INITIATED FOR COLLECTION OF FEES, AND/OR COSTS, WITHOUT FIRST HAVING SERVED AND FILED A REQUEST FOR ARBITRATION UNDER THIS PROGRAM; OR
3. YOU FILE AN ACTION OR PLEADING IN ANY LAWSUIT WHICH SEEKS A COURT DECISION ON THIS DISPUTE OR WHICH SEEKS DAMAGES FOR ANY ALLEGED MALPRACTICE OR PROFESSIONAL MISCONDUCT.

I have the right to file a lawsuit against you if you give up your right to mandatory fee arbitration. If I have already filed a lawsuit or arbitration, you may have the lawsuit or arbitration postponed after you have filed an application for arbitration under this program.

I have determined that:

There is a local program which may have jurisdiction to hear this matter. The arbitration program listed below is available to you:

Name of Program: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

You may wish to check the State Bar's website at [www.calbar.ca.gov](http://www.calbar.ca.gov) to see if there are other programs available to you.

There is no approved local program which has jurisdiction to hear this matter.

The State Bar of California will conduct fee arbitration (1) where there is no approved local program, (2) where there is a local program but it declines for any reason to hear your case, (3) where there is a local program and you wish non-binding arbitration of this dispute and the local program refuses to allow non-binding arbitration of your dispute, or (4) if you believe you cannot receive a fair hearing before the local bar named above. If you need assistance, please contact Mandatory Fee Arbitration, State Bar of California, 180 Howard Street, San Francisco, CA 94105-1639, (415) 538-2020.

Date: \_\_\_\_\_ Attorney: \_\_\_\_\_

\*The request for arbitration may also be made by a person who is not the client but who may be liable for or entitled to a refund of attorney's fees or costs.

(Mandatory State Bar Approved Form Rev. March 2013)