(Office Use Only)
Date Received:.....

Case Number: _____

UCS 137-4a (10/13)

CLIENT REQUEST FOR FEE ARBITRATION

1. Your name, address and telephone number:

   Name:

   Address:

   Telephone Number:

   Email Address:

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

   Name:

   Address:

   Telephone Number:

   Email Address (if known):

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

   Court:_____ County: _____

4. a. On what date did your attorney first agree to handle your matter?

   _____, 20___

   b. On what date did your attorney last perform services on your matter?

   _____, 20___

   c. On what date did you last pay your attorney, if ever?
   Or, if applicable, indicate the last date in which retainer funds have been applied to pay your attorney ?

   _____, 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.

Date	Amount	Purpose (e.g., attorney's time, out-of-pocket expenses, filing fees, etc.)
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

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. Briefly describe why you believe your attorney is not entitled to the amount set forth in question 7 (use additional sheets if necessary):

10. Indicate whether you wish to attempt to resolve this fee dispute through mediation. (Participation in mediation is voluntary for your attorney and you, and it does not waive your rights to arbitration under these rules in the event that mediation is unsuccessful or the attorney refuses to participate in mediation.)

    ❒ Yes, I wish to attempt to resolve this fee dispute first through mediation. My election of arbitration pursuant to paragraph 11 below will apply if the mediation is unsuccessful.

    ❒ No, I do not wish to attempt to resolve this fee dispute through mediation.

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 Local Program Rules, 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.

12. I have read and hereby agree to Local Program Rules and to the Part 137 Attorney-Client Fee Dispute Resolution Program Addendum.

Dated:_____ Signed:_____

IMPORTANT: You must file this Request for Fee Arbitration, along with the filing fee in the amount of $_____, to:

New York County Lawyers Association
111 Broadway, 10th Floor
New York, NY 10006

Filing Fees per Amount in Dispute:

$1,000.00 - 4,999.99	$25
5,000.00 - 5,999.99	$50
6,000.00 - 9,999,99	$75
10,000.00 - 19,999.99	$100
20,000.00 - 34,999	$200
35,000.00 and up	$350