

No. _____
Date Received _____
(FOR OFFICE USE ONLY)

In proceedings before the
LEGAL FEE ARBITRATION BOARD
of the
Massachusetts Bar Association
PETITION FOR ARBITRATION OF A FEE DISPUTE

The person filing petition ("Petitioner") is:

Petitioner's lawyer, if represented:

Name

Address

Tel. (home) Tel. (work)

Fax # Email

Name

Address

Tel. (home) Tel. (work)

Fax # Email

The above-named petitioner is the lawyer/client/other _____ (circle one) and requests arbitration of the fee dispute set forth in this petition.

The opposing party ("Respondent") is:

Respondent's lawyer, if represented:

Name

Address

Tel. (home) Tel. (work)

Fax # Email

Name

Address

Tel. (home) Tel. (work)

Fax # Email

***Was the attorney referred by the Massachusetts Bar Association's Lawyer Referral Service?
 Yes No If so, on what date?***

*Petition for Arbitration of a Fee Dispute in Proceedings Before the
Legal Fee Arbitration Board of the Massachusetts Bar Association.*

General Information

1. Please enclose with this petition a check or money order in the amount of \$25 to cover initial processing. The check or money order should be payable to the Massachusetts Bar Association and is non-refundable. The board also accepts payment via credit card.
2. If the Respondent agrees to arbitration, the Petitioner shall pay the balance of the filing fee due based on the total amount of legal fees charged as provided below:

Total Amount of Legal Fees Charged	Filing Fee
Up to \$2,500	\$ 25
Above \$2,500 to \$5,000.....	\$ 50
Above \$5,000 to \$25,000	\$125
Above \$25,000	\$200

If the Petitioner seeks a waiver of filing fees, a written request must be sent with this petition and should say why the request is made (i.e., economic hardship).

3. If the Respondent agrees to arbitration, additional information and documentation including any written fee agreements and copies of bills, may be requested before the hearing.
4. Before filing this petition, the Petitioner should make every effort to discuss the fee dispute with the Respondent and attempt in good faith to resolve the dispute.
5. If the Respondent agrees to arbitration, the parties will be notified of the date and time of the arbitration hearing by telephone, fax, email and/or U.S. mail. Any postponement of a hearing is subject to a fee of \$50 payable by the party causing the postponement. The administrator has discretion to waive the postponement fee.

Agreement

1. The undersigned agrees to be legally bound by the Award of Arbitrators and the rules of the MBA's Legal Fee Arbitration Board, and knows that this agreement is a valid and enforceable contract to arbitrate this dispute. A court with jurisdiction can enter a judgment on the award resulting from the arbitration.
2. No court has come to a final decision on this matter.
3. Each party has the right to be represented, at his or her own expense, by an attorney at each stage of the arbitration proceedings.

Facts Concerning the Dispute

1. The total amount of the legal fee charged was \$ _____, of which \$ _____ has been paid.

2. Was there a written agreement concerning the fee? Yes No

If yes, attach a copy.

3. Was the client to be charged:

By the hour? Yes No If yes, how much? \$ _____ per hour

A flat fee? Yes No If yes, how much? \$ _____

A contingent fee? Yes No If yes, what percent? _____%

In some other manner?

Explain.

4. Briefly describe the matter for which legal services were sought (divorce, child support modification, criminal, etc.). If the dispute arises from a professional relationship other than attorney-client, please include a description of the professional relationship and the nature of the fee dispute.

5. Clearly state your position on this fee dispute, including what legal services were to be performed and what legal services were actually performed. (Please continue on back or attach additional sheets if necessary.)

6. How much of a fee do you believe is fair? \$ _____

Date

Signature of Petitioner

(Additional space for responses to questions)

Filing Fee <u>PLEASE DO NOT SEND CASH</u>	Charge my <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> AmEx
Enclosed is my non-refundable filing fee in the amount of: <input type="checkbox"/> check <input type="checkbox"/> money order	_____
Please make payable to the Massachusetts Bar Association.	Account # _____
Send payment and agreement to:	Exp. Date _____ Today's Date _____
Massachusetts Bar Association/FAB 20 West St., Boston, MA 02111	Signature _____