



Lawyer-Client Fee Dispute Resolution Program 538
Preston Avenue, Third Floor, Meriden, CT 06450
www.ctbar.org/feedisputes
Phone: (860) 612-2016
Email: fee-disputes@ctbar.org

CBA LAWYER-CLIENT FEE DISPUTE RESOLUTION PROGRAM **RESPONDENT'S AGREEMENT TO PARTICIPATE**

The CBA Lawyer-Client Fee Dispute Resolution Program (the "Program") can help lawyers and clients having a disagreement over legal fees resolve or attempt to resolve their dispute through mediation, arbitration, or both, rather than litigation. If you received a Petition for Resolution of Legal Fee Dispute and will participate in the Program, complete and submit this form.

I. Instructions

Type or print clearly. Do not alter this form. Additional pages may be attached as needed.

A mailing address and phone number for the Respondent or the Respondent's attorney are required to proceed. Providing an email address is recommended but not required.

II. File and Respondent Information

Petitioner: _____

CBA File Number: _____

Respondent Info

Respondent's Attorney (if represented)

Name: _____

Name: _____

Employer: _____

Employer: _____

Phone number: _____

Phone number: _____

Email address: _____

Email address: _____

Mailing address: _____

Mailing address: _____

III. Program Services *(Typically, Respondent should check the same service requested in the Petition. If Respondent does not do so, the Program Rules will determine whether the Program may proceed. Arbitration may proceed if each party agrees or is ordered to arbitrate with the Program, and mediation may proceed if each party agrees to mediate with the program).*

The Petition requests the following service:

Respondent agrees to the following service:

___ Mediation only

___ Mediation only

___ Binding arbitration only

___ Binding arbitration only

___ Mediation followed by binding arbitration
(if mediation does not result in agreement)

___ Mediation followed by binding arbitration
(if mediation does not result in agreement)



IV. Related Matters

Grievance Filed

Has either party filed a complaint with the CT Statewide Grievance Committee related to this fee dispute? *If yes, provide the requested info.*

Yes _____ No _____

Date grievance filed: _____

Grievance file number: _____

Briefly describe the status of the grievance:

Lawsuit Filed

Has either party filed a court case about this fee dispute? *If yes, provide the requested info.*

Yes _____ No _____

Court city: _____

Court docket number: _____

Name of court case: _____

Briefly describe the status of the court case:

V. Additional Documents *(Check all documents that are attached)*

_____ **Statement of Facts form** *(required, may be submitted with this form or within 15 days after submission of this form)*: Respondent must attach the Program's Statement of Facts form available at ctbar.org/feedisputes.

_____ **Any order or written agreement about arbitration** *(if applicable, required with this form)*: If either party has agreed in writing, or been ordered, to arbitrate with the Program, the agreement or order must be attached (if not already attached to the Petition). This may include a court order, grievance committee order, or written agreement (such as an engagement letter) containing a party's consent to arbitrate with the Program.

_____ **Any other supporting documents** *(optional, may be submitted with this form or within 15 days after submission of this form)*

Respondent may, but is not required to, submit any other relevant agreements, invoices, letters, emails, or other documents that support the Respondent's position (if not already attached to the Petition). The Respondent will also have an opportunity later in the process to provide additional information and documents to the mediator or arbitrator.

VI. Agreements, Acknowledgments, and Signature

By submitting this form, the Respondent acknowledges and agrees to the following statements.

1. I agree to participate in mediation, arbitration, or both in the CBA's Lawyer-Client Fee Dispute Resolution Program as indicated in the form above. I agree to follow the rules of the program. Those rules are available at ctbar.org/feedisputes.
2. The program may contact me or send me confidential program communications using any of the contact information provided on this form. I agree to check my voicemail, mail, and, if provided, email regularly.
3. I will promptly notify the program administrator if any of the following occur:
 - a. The other party and I settle or resolve our dispute;



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- b. Either party files a lawsuit or grievance complaint related to this fee dispute;
 - c. A court or grievance committee enters any order about this fee dispute;
 - d. My contact information changes; or
 - e. I hire a lawyer to represent me in this program or end the engagement with a lawyer that was representing me in this program.
4. The program does not provide an attorney for me or pay for an attorney to represent me. If I want a lawyer to represent me in this program, I can hire an attorney of my choosing.
5. If this matter involves arbitration, I agree that the decision of the arbitrator will be final and binding. If this matter involves mediation, I will comply with any agreement, if one is reached during mediation.
6. I understand the program is generally confidential.
- a. I will not voluntarily disclose any oral or written communication received or obtained through my participation in the program, unless (1) each of the parties agrees in writing to such disclosure or an arbitrator makes a different order about confidentiality; (2) the disclosure is necessary to enforce, vacate, or modify a written agreement or arbitration order; or (3) the disclosure is required by a statute, regulation, or court or grievance committee order.
 - b. I understand that this form and any documents I submit will be provided to the mediator or arbitrator and to the Petitioner.
7. When I submit documents to the program, it is my responsibility to redact or omit any unnecessary personal, confidential, or protected information that cannot be shared with the arbitrator or mediator and the Petitioner. Information that should be redacted or omitted includes, but is not limited to, social security numbers, bank account numbers, security codes, passwords, or PINs.

Signature: _____

Print Name: _____

Date: _____

Submit completed forms by mail or email:

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