



Lawyer-Client Fee Dispute Resolution Program
30 Bank Street, New Britain, CT 06051
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Phone: (860) 612-2016
Email: fee-disputes@ctbar.org

Lawyer-Client Fee Dispute Resolution Program - Statement of Facts Form

Please type or print clearly. Additional pages may be attached as needed.

Petitioner: _____ **CBA File Number:** _____
Respondent: _____ **Form Submitted By:** *(Check one below)*
____ Petitioner ____ Petitioner's Attorney ____ Respondent ____ Respondent's Attorney

- I. Description of Facts:** Provide a short description of the facts that led to this fee dispute.
- II. Witnesses:** List all people who are important to resolving this dispute. For each person listed, state their name, contact information, and reason they are important to the dispute.
- III. Relief Requested:** What is the relief or outcome you are requesting, including which party will pay or owe money and the dollar amount requested? *Generally, the Program can only resolve disputes about legal fees charged or owed and cannot award other types of damages or resolve any other claims.*
- IV. Other Info for Mediator or Arbitrator (optional):** You may include anything else here you want the mediator or arbitrator to know (such as any objections to the enforceability or validity of any agreement or order to arbitrate).

Signature: _____

Printed Name: _____

Date: _____