



Lawyer-Client Fee Dispute Resolution Program 538  
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## **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:** \_\_\_\_\_