THE RESOLUTION OF LEGAL FEE DISPUTES PROGRAM
PETITION FOR RESOLUTION OF LEGAL FEE DISPUTE

Please type or print clearly. Do not amend this form. Additional pages may be attached as needed. If there is more than one petitioner or respondent, attach additional pages with contact information for each party. Please note: if email addresses are provided, the CBA will communicate via both email and mail. If a party indicates he or she is represented, communications will be sent to counsel only.

1. **Petitioner information**

Name: ____________________________
Employer: __________________________
Address: ____________________________
Phone number: ______________________
Email address: ______________________

**Petitioner’s attorney (if represented in this dispute)**

Name: ____________________________
Employer: __________________________
Address: ____________________________
Phone number: ______________________
Email address: ______________________

2. **Respondent information**

Name: ____________________________
Employer: __________________________
Address: ____________________________
Phone number: ______________________
Email address: ______________________

**Respondent’s attorney (if known to be represented in this dispute)**

Name: ____________________________
Employer: __________________________
Address: ____________________________
Phone number: ______________________
Email address: ______________________

3. **Services requested (check one):**

___ Mediation only
___ Binding arbitration only
___ Mediation followed by binding arbitration of all issues not resolved through mediation

4. **Amount in dispute:**

What was the total amount of legal fees charged? $ ______________
What amount of the legal fees charged is in dispute? $ ______________
5. **Consent of parties:** Before the Resolution of Legal Fees Disputes Program may conduct an arbitration or mediation, both parties must consent, in writing, to mediate or arbitrate with the Program, or the Program must have a court or grievance committee order directing use of the Program. Consent of a party may be shown by either of the following: (1) attaching a completed Respondent’s Agreement form; or (2) attaching another written agreement in which the party consents to use the Program. If the Petitioner is unable to show consent of the Respondent at this time or an order directing use of the Program, the Program staff will make one attempt to notify the Respondent of the petition by mail and seek the Respondent’s consent.

Check one:
- ___ A completed Respondent’s Agreement form is attached;
- ___ A different written agreement consenting to use the Program is attached;
- ___ A court or Grievance Committee order directing use of the Program is attached; or
- ___ The petitioner signed this petition and asks that the CBA send one letter seeking the consent of the Respondent.

6. **Grievance filed:** To your knowledge, has either party filed a complaint with the CT Statewide Attorney Grievance Committee related to this dispute?

   If yes, has the grievance been resolved?

   (Circle one)

   Yes   No

   If a grievance complaint was filed, describe the status of the grievance proceedings and provide a grievance claim or file number (if possible): ___________________________________________________________

7. **Attached documents:** This Petition cannot be processed unless all documents noted as required below are attached (to the extent such documents apply to the fee dispute).

Check all documents that are attached to this Petition:

- ___ Statement of facts, witnesses, and relief sought *(required)*: Petitioner must attach a concise statement describing the facts that give rise to this dispute and the relief the Petitioner is seeking. The statement must also identify all parties, people important to the resolution of the dispute, and witnesses who are important to support the Petitioner’s requests. Petitioner may use the CBA’s Statement of Facts Form.

- ___ Any written agreement in which the Parties agree to arbitrate their fee related disputes with the Legal Fee Disputes Resolution Program *(if applicable, required)*.

- ___ Any order of a court directing arbitration of a fee dispute *(if applicable, required)*.

- ___ Any order or direction of the Connecticut Statewide Grievance Committee referring a fee dispute matter to the Legal Fee Disputes Resolution Program *(if applicable, required)*.

- ___ Any other supporting documents *(optional)*: Petitioner, may, but is not required to, attach any relevant agreements, invoices, letters, e-mails, or other documents that support the Petitioner’s requests.
8. **Agreements and party representations:** If there is more than one petitioner, each petitioner should complete this signature page separately. Please initial each statement and sign below.

**Petitioner Initials**

I request the services of the Connecticut Bar Association’s Resolution of Legal Fee Disputes Program in resolving or attempting to resolve a legal fee dispute and consent to the Program’s jurisdiction.

I have not filed a lawsuit about this fee dispute and am not aware of any lawsuit about this fee dispute. I will promptly notify the CBA if a lawsuit about this dispute is filed.

I have the right to be represented by an attorney of my choosing. If I choose to be represented, I understand the CBA will *not* pay for my use of an attorney and will *not* provide one to me for free.

The Committee on the Resolution of Legal Fee Disputes has approved the qualifications of the mediators and arbitrators used in this Program; I agree that this dispute will be heard by one of those arbitrators or mediators (or both an arbitrator and mediator) and I will *not* contest their qualifications.

I agree that the arbitrator or mediator does *not* need to take an oath.

If an arbitration is requested in this petition, I agree that the decision of the arbitrator will be final and binding.

The rules of the program are available to me at the website:

https://www.ctbar.org/public/resolution-of-legal-fee-disputes-program

**Signature of Petitioner or Petitioner’s Attorney**

Signature: __________________________

Print Name: _______________________

Date: ___________________________