

SUBMIT COMPLETED PETITION WITH REQUIRED DOCUMENTS BY MAIL, FAX, OR EMAIL  
Karen Corrado, CBA Resolution of Legal Fee Disputes Program, Program Coordinator  
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**(For office use only)**

Petition for Resolution of Fee Dispute Number \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_  
Petitioner Respondent

**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? \$ \_\_\_\_\_



**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: \_\_\_\_\_