

SUBMIT COMPLETED FORM WITH ALL REQUIRED DOCUMENTS BY MAIL, FAX, OR E-MAIL  
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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  
of the CONNECTICUT BAR ASSOCIATION**

**RESPONDENT'S AGREEMENT**

If there are multiple Respondents named in the Petition, each Respondent must complete this form separately. Please type or print clearly. Additional pages may be attached as needed.

Petitioner(s): \_\_\_\_\_

Respondent(s): \_\_\_\_\_

CBA File Number (if known): \_\_\_\_\_

**Respondent information**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Respondent's attorney (if represented)**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**The petitioner has requested the following service(s) and I consent to participation in those services.**  
(Check one, selection *must* match service requested in the Petition for the dispute to be heard).

Mediation only

Binding arbitration only

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

**Attached documents:** Check all documents that are attached to this Petition

Statement of facts, witnesses, and relief sought (*required*):

Respondent must submit a concise statement describing any facts material to this dispute not already provided by Petitioner, and the outcome the Respondent is seeking. The statement must also identify all parties, people important to the resolution of the dispute, and witnesses who can support the Respondent's position. Respondent may use the CBA's Statement of Facts Form.

Any other supporting documents (*optional*):

Respondent, may, but is not required to, attach any relevant agreements, invoices, orders, or other documents that support the Respondent's position.

**Please initial each statement and sign below.**

Respondent

Initials

\_\_\_\_\_ I consent to use 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 to the jurisdiction of the Program.

\_\_\_\_\_ I received a copy of the Petition for Resolution of Legal Fee Dispute.

\_\_\_\_\_ I have not filed a lawsuit about this fee dispute and am not aware of any lawsuit about this fee dispute.

\_\_\_\_\_ I have the right to be represented by an attorney of my choosing, and I will pay the attorney's fees if I use one.

\_\_\_\_\_ 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).

\_\_\_\_\_ 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: [ctbar.org/FeeDisputes](http://ctbar.org/FeeDisputes)

**Signature of Respondent**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_