

# Notice of Client's Right To Arbitration

Client's Name

Attorney's Name

Client's Address

Attorney's Address

You have an outstanding balance for fees and/or costs for professional services in the amount of \$ \_\_\_\_\_  
charged to you in the matter of \_\_\_\_\_

I have filed a lawsuit against you in the

\_\_\_\_\_ Court

\_\_\_\_\_ Address

\_\_\_\_\_ Case No.

I have filed an arbitration proceeding against you with the

\_\_\_\_\_ Agency

\_\_\_\_\_ Address

\_\_\_\_\_ Case No.

I intend to file a lawsuit or arbitration against you regarding your failure to pay my fees and/or costs for professional services in the amount of \$ \_\_\_\_\_ charged to you in the matter of \_\_\_\_\_

**No lawsuit or arbitration proceeding has yet been filed but may be filed if we do not resolve this claim.**

~~As an alternative to the above, you~~ You have the right under Sections 6200-6206 of the California Business and Professions Code to request arbitration of ~~this fee dispute~~ **these fees or costs** by an independent, impartial arbitrator or panel of arbitrators through a bar association program created solely to resolve fee disputes between lawyers and clients.

You will LOSE YOUR RIGHT TO ARBITRATION UNDER THIS PROGRAM if:

1. YOU DO NOT FILE A WRITTEN APPLICATION FOR ARBITRATION WITH THE BAR ASSOCIATION WITHIN 30 DAYS FROM RECEIPT OF THIS NOTICE **USING A FORM PROVIDED BY THE LOCAL BAR ASSOCIATION OR STATE BAR OF CALIFORNIA FEE ARBITRATION PROGRAM**; OR
2. YOU RECEIVE THIS NOTICE AND THEN EITHER (1) ANSWER A COMPLAINT I HAVE FILED IN COURT; OR (2) FILE A RESPONSE TO ANY ARBITRATION PROCEEDING THAT I HAVE INITIATED FOR COLLECTION OF FEES, AND/OR COSTS, WITHOUT FIRST HAVING SERVED AND FILED A REQUEST FOR ARBITRATION UNDER THIS PROGRAM; OR
3. YOU FILE AN ACTION OR PLEADING IN ANY LAWSUIT WHICH SEEKS A COURT DECISION ON THIS DISPUTE OR WHICH SEEKS DAMAGES FOR ANY ALLEGED MALPRACTICE OR PROFESSIONAL MISCONDUCT.

**I have the right to file a lawsuit against you if you give up your right to mandatory fee arbitration.** If I have already filed a lawsuit or arbitration, you may have the lawsuit or arbitration postponed after you have filed an application for arbitration under this program.

**I have determined that:**

**ATTACHMENT A**

**State Bar Approved Form  
(Rev. April 1, 2007)**

**There is a local program which may have jurisdiction to hear this matter.** ~~You can obtain a form to request arbitration from the local bar association if they have an approved fee arbitration program.~~ The address of the arbitration program **you should contact** is: \_\_\_\_\_

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
Address

\_\_\_\_\_  
City. State. Zip Code

\_\_\_\_\_  
Telephone No.

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**There is no approved local program which has jurisdiction to hear this matter.**

The State Bar of California will conduct fee arbitration **(1)** where there is no approved local program, **(2) where there is a local program but it declines for any reason to hear your case, (3) where there is a local program and you wish non-binding arbitration of this dispute and the local program refuses to allow non-binding arbitration of your dispute,** or **(4)** if you believe you cannot receive a fair hearing before the local bar named above. If you need assistance, please contact Mandatory Fee Arbitration, State Bar of California, 180 Howard Street, San Francisco, CA 94105-1639, (415) 538-2020.

\_\_\_\_\_  
Date Attorney