UCS 137-4a (9/03)

(Office Use Only)
Date Received: _____
Case Number: _____

CLIENT REQUEST FOR FEE ARBITRATION

1. Your name, address and telephone number:
   Name:
   Address:

   Telephone Number:

2. Name, address and office telephone number of the law firm and/or attorney who handled your matter:
   Name:
   Address:

   Telephone Number:

3. If your attorney filed a lawsuit on your behalf, in which county and court was the lawsuit filed?
   Court:_____ County: _____

4. On what date did your attorney first agree to handle your case?
   _____, 20___

5. Briefly describe the type of legal matter involved and what your attorney agreed to do in the course of representing you (attach a copy of the written retainer agreement, letter of engagement, or other papers describing the fee arrangement, if any):

6. In the space below, indicate the date, amount and purpose of each payment you made to your attorney. Attach additional sheets if necessary.

Date	Amount	Purpose (e.g., attorney's time, out-of-pocket expenses, filing fees, etc.)
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

7. How much of your attorney's fee is in dispute (attach a copy of your attorney's bill, if available):$_____

8. Have you received a "Notice of Client's Right to Arbitrate" from your attorney? _____. If yes, please attach a copy.

9. Briefly describe why you believe your attorney is not entitled to the amount set forth in question 7 (use additional sheets if necessary):

10. I elect to resolve this fee dispute by arbitration, to be conducted pursuant to Part 137 of the Rules of the Chief Administrator [22 NYCRR] and the procedures of the Oneida County Bar Association, copies of which I have received. I understand that the determination of the arbitrator(s) is binding upon both the lawyer and myself, unless either party rejects the arbitrator's award by commencing an action on the merits of the fee dispute (trial *de novo*) in a court of law within 30 days after the arbitrator's decision has been mailed.

Dated:_____ Signed:_____

IMPORTANT: You must file this Request for Fee Arbitration, along with a check for the filing fee in the amount of $_____, to:

Peacemaker Program, Inc.
Oneida County Bar Association
258 Genesee St., Suite 501
Utica, New York 13502

Filing Fees:

Amount in Dispute	Administrative Fee
$1,000 to $5,999	$75.00
$6,000 to $50,000	$225.00