



Attorney Fee Arbitration Request

Office of Attorney Ethics



Note: A non-refundable filing fee check for \$50, made payable to the Disciplinary Oversight Committee must be included. Please type or clearly print all information. Submit one (1) original and five (5) additional copies of all documents submitted, including attachments.

A. Specific Lawyer's Information – Specify one attorney only. Use a separate sheet for any additional lawyer's names and addresses whose fees you are challenging.

Last Name (include: Sr. / Jr. / III, etc.)	First Name	Middle Name
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Name of law firm, if any, with which the attorney was associated at the time of representation:

Office Address	City	State	Zip
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Telephone	Email	County
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B. Client Information - Specify one client only. Use a separate sheet for any additional client's names and addresses needed for this proceeding.

Last Name (include: Sr. / Jr. / III, etc.)	First Name	Middle Name
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Address	City	State	Zip
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Telephone	Email	County
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C. Case Type – Specify what case type was handled by the specific lawyer (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Admiral / Maritime | <input type="checkbox"/> Estate / Probate | <input type="checkbox"/> Negligence (Personal Injury)
Property Damage |
| <input type="checkbox"/> Adoption / Name Change | <input type="checkbox"/> Federal Remedies / Civil Rights | <input type="checkbox"/> Patent / Trademark/
Copyright |
| <input type="checkbox"/> Bankruptcy / Insolvency/
Foreclosure | <input type="checkbox"/> Government Agency Problems (local through federal) | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Collection | <input type="checkbox"/> Immigration / Naturalization | <input type="checkbox"/> Small Claims Court |
| <input type="checkbox"/> Contract | <input type="checkbox"/> International Law | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Corporation / Partnership Law | <input type="checkbox"/> Juvenile Delinquency | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Criminal, Quasi-Criminal, and Municipal Court | <input type="checkbox"/> Labor | <input type="checkbox"/> Other Litigation (specify)
_____ |
| <input type="checkbox"/> Domestic Relations (divorce, support, or custody) | <input type="checkbox"/> Landlord Tenant Matters | <input type="checkbox"/> Other Non-Litigation (specify)
_____ |

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D. What is the total amount of the attorney's bill? Note: This amount is not just the fee charged for the attorney's time or services in dispute.

Total legal fee charged (for attorney time) \$ _____ + Total costs/ disbursements \$ _____ = Total bill \$ _____

Amount paid to attorney \$ _____ (attach proof of payment)

Who paid: Client Other _____ (specify name)

E. Was there a written fee agreement or fee letter from the attorney explaining how much would be charged? Yes No

If yes, attach a copy.

1. Had the attorney or law firm ever represented you before accepting this case? Yes No

2. Was the fee charged by the attorney contingent on the outcome of the case so that there was no fee due unless the attorney recovered money for you? Yes No

3. When did the attorney first agree to handle your case? _____

4. When did the attorney last do any work on this case? _____

F. Did the attorney advise you in writing that you could request fee arbitration? Yes No

If yes, attach a copy of the notice or letter, and note the date received: _____

G. Has the attorney brought a lawsuit or other court action against you for the fee? Yes No

If yes, attach a copy of the complaint or other court filing and list:

Docket Number: _____ County where filed: _____

Date you were served with the complaint or filing: _____

H. List all amounts paid to the attorney and the dates of payment. Note: Attach copies of all bills received from the attorney with receipts.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Briefly explain why you disagree with the attorney's total bill. Note: Use additional sheets, if needed.

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Disclosure Statement

I further state that, although I have the right to present this matter to a Court in this State, I wish to waive this right and submit my case to the New Jersey Supreme Court’s District Fee Arbitration Process. I realize that I have 30 days only from the date this Request Form is docketed within which I may withdraw, in writing, from the arbitration process. Once the request is withdrawn, I cannot again file for fee arbitration. I understand that if the total fee charged is less than \$3,000, a single attorney arbitrator may hear the case; otherwise, three arbitrators would decide the case, unless I give my further written consent at the time of the hearing to proceed with two arbitrators, in accord with the procedures set by Court Rule. I agree that the determination of a Fee Committee is final and legally binding upon both the attorney and myself, and that the determination is subject to appeal only in very limited instances of actual fraud, substantial procedural irregularities, failure of an arbitrator to properly be disqualified, or where the arbitrators make an obvious mistake of law. I am further aware that if the attorney has sued me but I have filed a timely Request Form, the Court Rules provide that the lawsuit will be stayed, and “the amount of the fee or refund as so determined [by the Fee Committee] may be entered as a judgment in the action unless the full balance due is paid within 30 days of receipt of the arbitration determination.” R. 1:20A-3(e). I also understand that, if no suit is pending, the determination of the Fee Committee may, by summary action, be docketed as a judgment against me, under the same Court Rule. I also understand that fee proceedings are confidential, and I agree to maintain the confidentiality required by R. 1:20A-5.

Client Certification

I hereby certify that all the foregoing statements made by me are true, and that all documents attached are true copies of the originals. I am aware that if any part of this *Attorney Fee Arbitration Request* form is willfully false, I am subject to punishment.

Please notify the district secretary of any disability accommodations or interpreting services needed.

_____	s/
Date	Signature of Client

Print Name of Client	

Note: Please review the *Information About New Jersey Attorney Fee Arbitration System* brochure provided by the district secretary.

For internal use only

File Number	Date entered in OAE Database	Filing Fee Paid
		<input type="checkbox"/> Yes <input type="checkbox"/> No