



REPLY FOR RESOLUTION OF A FEE DISPUTE AMONG ATTORNEYS

Case Name: _____

BASF Case Number: _____

1. Attorney(s) Replying:

Name: _____ Email: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

2. Attorney representing you in this dispute, if applicable:

Name: _____ Email: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

3. What type of case resulted in this dispute? (Family, Business, L/T): _____

4. Unless both you and the attorney agree to **BINDING ARBITRATION**, the arbitration will be non-binding. For clarification, please review Rule 4.

Choose one: / / Binding / / Non-Binding

5. How much of the total fees are in dispute: _____

ATTACH A COPY OF ANY WRITTEN FEE AGREEMENT BETWEEN YOU AND THE CLIENT.

6. Filing Fees: The other side has indicated an amount in dispute and paid a filing fee based on that amount.

IF YOU BELIEVE THE AMOUNT IN DISPUTE IS HIGHER THAN INDICATED BY THE OTHER SIDE:

(A) HOW MUCH ARE YOU INCREASING THE AMOUNT IN DISPUTE? \$ _____

(B) ADDITIONAL FILING FEE: \$ _____

Additional filing fees on the increase must be paid at this time. The amount of the filing fee to be paid is 7% of the total increased amount in dispute above, with a maximum filing fee of \$7,000.00 (See Rule 11.A.).

Pursuant to rule 11.A, the amount of my additional filing fee is \$ _____ (enclosed).

7. Please list any other persons, if any, that we should be aware of when running our conflict check with the arbitrator:

8. ATTACH A STATEMENT OF FACTS.

9. I acknowledge receipt of the BASF Rules of Procedure governing these proceedings and agree to be bound by them. I declare under penalty of law that everything I have stated is true to the best of my knowledge.

Date: _____ Signature: _____

Date: _____ Signature: _____

11/2016

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