

**FEE DISPUTE COMPLAINT AND CONSENT FORM**  
**Houston Bar Association Fee Dispute Committee**

**PART A: INFORMATION ABOUT COMPLAINANT**

Client       Attorney

1. **NAME:** \_\_\_\_\_  
                                 Last    First    Middle

2. **CONTACT INFORMATION** (promptly report changes in writing):

\_\_\_\_\_ HOME Address       *check if preferred mailing address*

\_\_\_\_\_ City    State    Zip Code

\_\_\_\_\_ Employer

\_\_\_\_\_ WORK Address       *check if preferred mailing address*

\_\_\_\_\_ City    State    Zip Code

(\_\_\_\_\_) \_\_\_\_\_ Home Telephone      (\_\_\_\_\_) \_\_\_\_\_ Work Telephone      (\_\_\_\_\_) \_\_\_\_\_ Cell or Other

(\_\_\_\_\_) \_\_\_\_\_ Fax    Email

**PART B: INFORMATION ABOUT RESPONDENT**

Client       Attorney

3. **NAME:** \_\_\_\_\_  
                                 Last    First    Middle

\_\_\_\_\_ Employer

\_\_\_\_\_ Street Address

\_\_\_\_\_ City    State    Zip Code

(\_\_\_\_\_) \_\_\_\_\_ Home Telephone      (\_\_\_\_\_) \_\_\_\_\_ Work Telephone      (\_\_\_\_\_) \_\_\_\_\_ Cell or Other

(\_\_\_\_\_) \_\_\_\_\_ Fax    Email

**PART C: ATTORNEY-CLIENT RELATIONSHIP**

- 4. Date attorney hired for representation? \_\_\_\_\_
- 5. Did you sign a contract or representation agreement?  Yes  No  
*If so, please attach a copy (do not send originals).*
- 6. What was the fee arrangement and how much money was actually paid to the attorney?  
*If you have receipts or canceled checks, please attach copies (do not send originals).*  
\_\_\_\_\_
- 7. What amount is currently in dispute? \_\_\_\_\_
- 8. Did someone other than the client pay the attorney?  Yes  No
- 9. Has a related grievance or civil lawsuit been filed?  Yes  No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- 10. Briefly describe the underlying case and what was the attorney hired to do?  
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**PART D: WAIVER OF ATTORNEY-CLIENT PRIVILEGE**

**FOR CLIENTS ONLY:** I hereby expressly waive any attorney-client privilege as to the attorney and law firm and the subject of this fee dispute. I hereby authorize the named attorney and law firm to reveal any information in the professional relationship, including confidential or privileged information, to the Fee Dispute Committee including the appointed arbitration panel.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PART F: CONSENT**

By execution and delivery of this consent to arbitration, I agree to submit all disputes concerning any and all fees and/or costs paid, charged, or claimed for professional legal services between the parties named above to final and binding arbitration before an arbitration panel appointed by the Houston Bar Association Fee Dispute Committee. I understand that after all parties have agreed in writing to be bound by an arbitration decision, a party may not withdraw from that agreement unless all parties agree to the withdrawal in writing.

I hereby acknowledge that I have received, read, and understand the Rules and Regulations of the Fee Dispute Committee and consent to be governed and bound by these rules in this arbitration proceeding.

I agree that notice to me of all matters pertaining to the arbitration shall be deemed effective if sent to me by mail, fax, or hand-delivery to the address and/or fax number listed above. Said contact information shall be effective until such time as I give written notice of a change to the Houston Bar Association.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you hear about the HBA Fee Dispute? \_\_\_\_\_

COMPLETE THE ENTIRE COMPLAINT FORM TO AVOID PROCESSING DELAYS.  
A COPY OF THIS COMPLAINT WILL BE FORWARDED TO THE RESPONDENT.

*Return to:*  
**Houston Bar Association • 1111 Bagby, FLB 200 • Houston, TX 77002**  
(713) 759-1133 • (713) 759-1710 FAX • www.hba.org