



Fee Dispute Arbitration Program
Monroe County Bar Association
255 East Avenue, Suite 305
Rochester, NY 14604

NOTICE OF CLIENT'S RIGHT TO ARBITRATE A FEE DISPUTE

CLIENTS NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

You incurred legal fees in the matter of _____

You paid some or all of the fees are requesting a refund of \$ _____
OR

You owe fees in the amount of \$ _____

If you are disputing these fees or seeking a refund, you have the right to elect to resolve this matter by arbitration. To do so, you must file a Request for Fee Arbitration within 30 days from the receipt of this Notice, as set forth in the attached instructions.

If you do not file a request within 30 days from the receipt of this Notice, you waive the right to resolve this dispute by arbitration under Part 137 of the New York Code of Rules and Regulations. If you owe fees, I will be free to bring a lawsuit in court to seek payment.

Dated: _____

C: Monroe County Bar Association
255 East Avenue, Suite 305
Rochester, New York 14604
ATTN: Fee Dispute Arbitration Program

Attorney's name and address

A copy of this form should be sent Certified Mail or Personal Service to the Client and a copy mailed to: Monroe County Bar Association, Fee Dispute Arbitration Program, 255 East Avenue, Suite 305, Rochester, New York 14604