

**TARRANT COUNTY BAR ASSOCIATION
FEE ARBITRATION COMMITTEE
INQUIRY FORM**

PLEASE COMPLETE THE FOLLOWING IN PRINT OR TYPE:

COMPLAINING PARTY:

Name: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
(Area Code) (Area Code)

Work Phone: _____
(Area Code)

Email: _____

RESPONDING PARTY:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
(Area Code) (Area Code)

Work Phone: _____
(Area Code)

Email: _____

Approximate date you hired (or were hired by) Responding Party: _____

Please state the original basis for Client/Attorney relationship, e.g. family law matter, criminal case, auto accident, commercial dispute: _____

1. What is the total amount of attorney's fees billed? _____
2. How much of this amount is in dispute? _____
3. How much has been paid to the attorney? _____

4. Do you have a written fee agreement? Yes _____ No _____

Please attach the written fee agreement if you have one.

5. If you don't have a written fee agreement, please state the nature of the fee arrangement you had with Responding Party i.e. written contract, hourly rate, fixed fee, retainer or other arrangement:

6. In what city and state were the legal services performed or supposed to have been performed?

_____.

7. When were the legal services performed? _____

8. On what date did the fee dispute first arise? _____

9. Is this fee dispute, in whole or in part, the subject of pending litigation or grievance proceedings?

Yes No

10. List the main reasons why you feel the fee in dispute is or is not correct or reasonable. Please set out below a detailed statement of the facts and basis for this fee dispute complaint. If there is insufficient space below, please continue on a separate sheet of paper and attach it to this form. Attach photocopies of any correspondence received from or to Responding Party, together with copies of any billing statements and any other documents that you deem material or relevant to this fee dispute. If this fee dispute pertains to a lawsuit, please attach a copy of all court papers that you have in your possession.

I certify that the information and statements submitted herewith and attached hereto are true and correct. I further certify that I am over the age of 18 years of age. I agree that the Tarrant County Bar Association and its Fee Arbitration Committee can communicate with me by email.

WITNESS MY HAND this _____ day of _____, _____.

(Signature)

SEND COMPLETED FORM TO:

FEE ARBITRATION COMMITTEE
1315 CALHOUN STREET
FORT WORTH, TEXAS 76102-6504
(817) 338-4092 Fax: (817) 335-9238