

PETITION FOR RESOLUTION OF DISPUTED FEE

THIS FORM MUST BE SIGNED AND NOTARIZED

**TO: FEE DISPUTE PROGRAM
ATTORNEY CLIENT ASSISTANCE PROGRAM
NORTH CAROLINA STATE BAR
PO BOX 25908
RALEIGH, NC 27611**

**TELEPHONE: (919) 828-4620
EMAIL: FEEDISPUTE@NCBAR.GOV**

OFFICE USE ONLY
FILE NUMBER
FACILITATOR:

NOTICE: A Petition for Resolution of a Disputed Fee may only be submitted by the client, a representative of the client who has been appointed by a court to act on behalf of the client, or a duly appointed attorney-in-fact for the client.

If you are disputing fees of more than one attorney, you MUST submit a separate petition for each attorney.	
☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.	You MUST provide the attorney's name. A petition against a law firm cannot be processed.
Petitioner Name:	Attorney Name:
Address:	Law Firm:
City, State, Zip:	Address:
Home Phone:	Address (continued):
Work Phone:	City, State, Zip:
Cell Phone:	Telephone:
Email:	Bar ID (if known):

- Are you the client? *[If no, please complete #2 below.]* ☐ **Yes** ☐ **No.** *If no, see NOTICE above.*
- If you are not the client, please provide the complete contact information for the client, **and** provide a copy of the appropriate authorization. *[Check all that apply.]*
☐ **N/A** ☐ **Power of Attorney** ☐ **Appointment of Executor/Administrator** ☐ **Court Order**
- I understand that the attorney may reveal confidential attorney/client information to the extent necessary to respond.
☐ **Yes** _____ *(Initial)*
- Has the attorney filed a court action to collect the fee, or have you filed a court action for a refund?
☐ **Yes** *[If yes, provide details, including the court file number and copies of the complaint and answer.]* ☐ **No**

ANY PETITION WHICH IS NOT SIGNED, DATED, AND NOTARIZED, OR IS OTHERWISE INCOMPLETE CANNOT BE PROCESSED

5. Has the attorney served you with a 30-day letter or an intent to sue letter, or otherwise notified you of an intention to file a court action? ☐ **Yes** *[If yes, provide a copy.]* ☐ **No**
6. Were the legal fees or costs established by a court, federal or state administrative agency, federal or state official, or private arbitrator or arbitration panel? ☐ **Yes** *[If yes, provide details.]* ☐ **No**
7. I hired the attorney to handle the following kind of legal matter (e.g., family law, criminal representation, will, real estate, civil litigation, etc.) _____
8. Was there a written fee agreement? ☐ **Yes** *[If yes, please include a copy.]* ☐ **No**
9. If someone other than the client paid the fee, please provide details, including contact information for the person(s) who paid the attorney fees. ☐ **N/A**
- _____
10. When did you hire the attorney? _____
11. Does the attorney still represent you? ☐ **Yes** ☐ **No** *If no, when did the representation end?* _____
12. How long did the attorney represent you? _____
13. How much were you billed for legal fees and expenses *[copies, filing fees, etc.]*? \$ _____
14. How much did you pay the attorney in legal fees and expenses? \$ _____
15. How much of the legal fee are you disputing? \$ _____
16. How much of the expenses are you disputing, if any? \$ _____
17. Have you made a reasonable attempt to resolve the fee dispute before filing?
☐ **Yes** *[If yes, please describe your attempt.]* ☐ **No** *[If no, please indicate the reasons why.]*

18. Describe briefly what the attorney was supposed to do, your fee arrangement with the attorney, and the portion of the fee you dispute and why. ***NOTE: You MUST provide a complete description. Your petition cannot be processed without a complete description.**
- _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- *****

The undersigned, being first duly sworn, says: I am the Petitioner in the above matter; I have read the foregoing Petition for Resolution of a Disputed Fee, and know the contents thereof; and I certify that the contents of the Petition are true of my own knowledge.

Subscribed and sworn to before me this day of , 20 .

My commission expires: _____

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Mandatory Petitioner Checklist

FEE DISPUTE RESOLUTION PROGRAM

File Number:

You MUST respond or initial EACH item below. Petition cannot be processed unless completed and signed.

1. Have you previously filed a Grievance Complaint against this same attorney?
☐ **Yes** *[If yes, provide file number or other information below.]* ☐ **No**

2. I understand that this program does not decide in favor of either party. ☐ **Yes** _____ (Initial)
3. I understand that this program cannot waive disputed legal fees or expenses. ☐ **Yes** _____ (Initial)
4. I understand that this program cannot order an attorney to refund disputed fees. ☐ **Yes** _____ (Initial)
5. I understand that I may not file a grievance against the attorney while a fee dispute is pending, unless determined appropriate by the Office of Counsel. ☐ **Yes** _____ (Initial)
6. I understand that a petition for resolution of a disputed fee must be filed (i) before the expiration of the statute of limitation applicable in the General Court of Justice for collection of the funds in issue or (ii) within three years of termination of the client-attorney relationship, whichever is later. ☐ **Yes** _____ (Initial)
7. I understand that by providing my email address, I am consenting to receive electronic communications.
☐ **Yes** _____ (Initial)
8. I understand that the Fee Dispute Program does not have jurisdiction over the following:
 - (a) a dispute concerning fees or expenses established by a court, federal or state administrative agency, federal or state official, or private arbitrator or arbitration panel; ☐ **Yes** _____ (Initial)
 - (b) a dispute over fees or expenses that are or were the subject of litigation or arbitration unless (i) a court, arbitrator, or arbitration panel directs the dispute to the State Bar for resolution, (ii) the litigation or arbitration is dismissed without prejudice and both parties agree to pursue resolution through this program; or (iii) litigation was commenced pursuant to 27 N.C. Admin. Code 1D § .0707(a); ☐ **Yes** _____ (Initial)
 - (c) a dispute between an attorney and a service provider, such as a court reporter, medical provider, or expert witness;
☐ **Yes** _____ (Initial)
 - (d) a dispute over fees or expenses that are the subject of a pending Client Security Fund claim, or a Client Security Fund claim that has been fully paid. ☐ **Yes** _____ (Initial)
 - (e) a dispute between an attorney and a person or entity with whom the attorney had no client-attorney relationship;
☐ **Yes** _____ (Initial)
 - (f) a dispute concerning a fee charged by the attorney for services that do not constitute the practice of law.
☐ **Yes** _____ (Initial)

Signature of Petitioner_____
Date