

PETITION FOR RESOLUTION OF DISPUTED FEE

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

**TELEPHONE: (919) 828-4620
FAX: (919) 546-9294
EMAIL: FEEDISPUTE@NCBAR.GOV**

OFFICE USE ONLY
FILE NUMBER
DISTRICT:

NOTICE: *A Petition for Resolution of a Disputed Fee may only be submitted by the client, unless you have been appointed by a court to act on behalf of the client, or an estate, or the client is incapacitated, and you have obtained a duly executed power of attorney giving permission to file this petition.*

I, the undersigned, hereby request resolution of my fee dispute with the lawyer named below. I understand that the lawyer may reveal confidential lawyer/client information to the extent necessary to respond.

Dr. Mr. Mrs. Ms.

*Name of Attorney: _____

Name: _____

Bar ID (if known): _____

Address: _____

Law Firm: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

City, State, Zip: _____

Signature of Petitioner *(Note: This form MUST BE signed.)*

Telephone: _____

***NOTE:** You MUST provide the attorney's name. We do not accept petitions against a law firm. You MUST submit a separate petition if you are disputing fees for more than one attorney.

Please complete all of the items below:

1. Are you the client? *[If no, please complete #2 below.]* Yes No

2. If you are not the client, please see Notice above, 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/Executrix Court Order

3. Has the lawyer filed a court action to collect the fee, or have you filed a court action for a refund? *[If yes, provide details.]* Yes No

4. Were the legal fees or costs established by a court, federal or state administrative agency, or federal or state official, or private arbitrator or arbitrator panel? *[If yes, provide details.]* Yes No

YOU MUST COMPLETE SECOND PAGE

- 5. I hired the lawyer to handle the following kind of legal matter (e.g., family law, criminal representation, will, real estate, civil litigation, etc.).

- 6. Was there a written fee agreement? *[If yes, please include a copy.]* Yes No

- 7. If someone other than the Client paid the fee, please provide details, including contact information for the person(s) that paid the attorney fees. N/A

- 8. When did you hire the lawyer? _____

- 9. Does the lawyer still represent you? Yes No

- 10. How long did the lawyer represent you? _____

- 11. Have you made a reasonable attempt to resolve your fee dispute before filing? *[If no, indicate the reasons why.]* Yes No

- 12. How much were you billed for legal fees? \$ _____

- 13. How much did you pay the lawyer in legal fees? \$ _____

- 14. How much of the fee are you disputing? \$ _____

- 15. If you have invoices or other documents that would be helpful to the State Bar, please include them.

- 16. I understand that this program does not have the authority to waive disputed legal fees. Yes No

- 17. I understand that I may not file a grievance against the lawyer while a fee dispute is pending, unless authorized by the Office of Counsel. Yes No

- 18. Describe briefly what the lawyer was supposed to do, your fee arrangement with the lawyer, and the portion of the fee you dispute and why. **Use additional sheets as necessary.** **NOTE: You MUST provide a complete description, or your petition may be rejected and unable to be processed.*

It is recommended that you include copies of the following relevant information: disputed invoices, bills and charges; cancelled checks, receipts or other evidence of payment; correspondence relating to the fee dispute; and the contract or engagement letter. DO NOT SEND COPIES OF PLEADINGS, DEPOSITIONS, MEDICAL REPORTS, ETC., UNLESS SPECIFICALLY REQUESTED BY THE FEE DISPUTE FACILITATOR.