

**HENNEPIN COUNTY BAR ASSOCIATION  
Legal Fee Arbitration Program  
Petition/Response Form**

We have executed in writing an agreement to be bound by the Hennepin County Bar Association's Legal Fee Arbitration Program's decision regarding this dispute (Attach a copy of the agreement.):

Yes

No

(If you cannot answer "yes" to the above question then your petition/response for fee arbitration will not be accepted. If there is not an existing agreement, please see (<https://www.hcba.org/fee-arb.htm>) for a draft agreement and more information.)

Please indicate whether you are the:

Client

Attorney

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Has legal action been taken to collect the disputed fees? Yes

No

a. What was the result of such action?

2. When were the legal services rendered (those are the source of the dispute)?

3. What type of case is involved in the dispute (e.g.: divorce, bankruptcy, probate)?

4. Did you have a written fee agreement? Yes

No

5. If you did not have a written fee agreement, did you have a verbal agreement or understanding about the amount that would be charged?

Yes

No

6. What was the basis of the fee:

\$ /Hour  
\$ Flat Fee  
% Contingency (Percentage)

7. Were bills sent on a regular basis? Yes

No

8. What is the total amount charged?

9. What is the amount paid to date?

10. What amount is in dispute?

11. What fee do you think is fair and why?

12. Please explain your dispute and efforts to resolve it. (Attach additional sheets if necessary.)

13. What do you think is the best way to resolve the dispute?

14. Please enclose a copy of the written fee agreement (if any) and copies of bills which are in dispute.

**LEGAL FEE ARBITRATION:** Arbitration is informal; you may appear without an attorney at the hearing. If you do retain an attorney to represent you, please list their name and contact information:

Attorney Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I, \_\_\_\_\_, certify that the above is accurate and truthful.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please return form, relevant attachments and filing fee or direct any questions to:**

Sharada Lakhan  
HENNEPIN COUNTY BAR ASSOCIATION  
Legal Fee Arbitration Program  
600 Nicollet Mall, Ste. 390  
Minneapolis, MN 55402  
(612) 752-6662 Phone  
(612) 238-2920 Fax  
Sharada@hcba.org