

THE MISSOURI BAR PETITION FOR FEE DISPUTE RESOLUTION

RETURN COMPLETED FORM TO:
Committee on Fee Dispute Resolution
The Missouri Bar
P. O. Box 119
Jefferson City, MO 65102-0119
FAX: (573) 634-5804
EMAIL: FDR@mobar.org

FOR OFFICE USE ONLY

Type: _____
website

COMPLAINANT'S INFORMATION:

ALL COMPLAINANTS SHOULD SIGN THE LAST PAGE OF THIS PETITION FORM

Name _____
(Complaints and other persons who may have paid the fee on the client's behalf may enter into the complaint.)

Address _____

City _____ State _____ Zip _____

Phone Home (____) _____

Work (____) _____

Cell (____) _____

Email _____

ATTORNEY'S INFORMATION:

Name _____
(Please list the individual attorney who was responsible for handling your matter.)

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email _____

FOR OFFICE USE ONLY

Bar # _____^w

Standing _____

PLEASE TYPE OR PRINT ANSWER ALL QUESTIONS

For what type of case or legal services was the attorney hired?

Check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Child custody/support | <input type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate/Property |
| <input type="checkbox"/> Collection of a debt | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Traffic violation |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Labor/Discrimination | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Estate or Probate | <input type="checkbox"/> Litigation – hired to represent you in a suit | <input type="checkbox"/> Other: _____ |

Date that you hired the attorney _____

Does the attorney still represent you? Yes No

Is the legal matter still pending? Yes No

If no, date that last legal services were provided _____

What city or county were the legal service(s) performed or should have been performed?

What is the total amount of the fee charged?

How much of the total amount are you disputing?
(The amount in dispute must be at least \$500.00. See rules for full details.)

Attach copies of billing statements, if available.

Did you sign a written agreement for legal fees? Yes No Do not know

If yes, attach a copy of written agreement.

If you did not sign a written agreement, what was your understanding of the fee you were to be charged?

Has a civil lawsuit ever been filed by you or the attorney concerning these fees? Yes No

If so, attach copies of all pleadings

Do not know

Have you made a good faith effort to resolve this dispute with your attorney? Yes No

If so, give details concerning discussions with your attorney.

Please tell us in your own words what happened and how the fee dispute resulted. Give all the details of the dispute in chronological order, including dates.

Attach additional sheets, if necessary.

I HEREBY CERTIFY WITH MY SIGNATURE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT I AM CONSENTING TO AND WILL BE BOUND BY COMPLETE **CONFIDENTIALITY** REGARDING ALL PROCEEDINGS, HEARINGS, RECORDS, DOCUMENTS AND FILES IN THIS PROCESS EXCEPT AS NECESSARY FOR THE ENFORCEMENT OF A DECISION IN ACCORDANCE WITH THE RULES OF THE COMMITTEE AND TO COMPLY WITH THE RULES OF THE SUPREME COURT OF MISSOURI.

THE UNDERSIGNED COMPLAINANT(S) FURTHER AGREES TO AUTHORIZE ANY INVESTIGATOR APPOINTED BY THE MISSOURI BAR FEE DISPUTE RESOLUTION COMMITTEE, TO INVESTIGATE ANY ALLEGED FEE DISPUTE AND TO MEET AND DISCUSS THE ISSUES INVOLVED WITH THE COMPLAINANT'S ATTORNEY OR ATTORNEYS. THE COMPLAINANT(S), BY EXECUTING THIS AGREEMENT, FURTHER AUTHORIZES HIS OR HER ATTORNEY OR ATTORNEYS TO PROVIDE COPIES OF ANY DOCUMENTS OR PROVIDE ANY INFORMATION WHICH THE INVESTIGATOR MAY REQUEST IN CONNECTION WITH CONDUCTING THIS INVESTIGATION AND WAIVES ANY ATTORNEY-CLIENT PRIVILEGE IN CONNECTION THEREWITH.

IN CONSIDERATION FOR THE SERVICE PROVIDED BY THE FEE DISPUTE RESOLUTION PROGRAM OF THE MISSOURI BAR, I HEREBY AGREE THAT IN NO EVENT WILL I SUE OR OTHERWISE ATTEMPT TO HOLD LIABLE FOR DAMAGES THE MISSOURI BAR, THE BOARD OF GOVERNORS, STAFF, COMMITTEE MEMBERS, INVESTIGATORS, MEDIATORS, ARBITRATORS OR ANY AGENTS OF THE MISSOURI BAR AS A RESULT OF ANY OF THE PROCEEDINGS OF THIS ACTION.

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

NOTE: All persons who were actually the clients must sign the form.
Other persons who may have paid the fee on the client's behalf may also enter into the complaint by signing the petition.

If you have further questions or need assistance in completing this form, please contact
The Missouri Bar
Attn: Fee Dispute Resolution Program Administrator
P.O. Box 119, Jefferson City, MO 65102
(573) 638-2260, E-mail: FDR@mobar.org

All forms are available on The Missouri Bar website at <http://www.mobar.org>

If you have questions or special needs addressed by the Americans with Disabilities Act, please notify the Fee Dispute Resolution Program Administrator, P.O. Box 119, Jefferson City, MO 65102, (573) 638-2260, E-mail: FDR@mobar.org, as soon as possible to allow time to provide reasonable accommodations.