

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

FOR OFFICE USE ONLY

Type: _____

Sent for Review:

Approved:

Referred to:

COMPLAINANT'S INFORMATION:

ALL COMPLAINANTS SHOULD SIGN THE LAST PAGE OF THIS PETITION FORM

Name _____

(Complaints must be initiated by the client. Other persons who may have paid the fee on the client's behalf may also enter into the complaint.)

Address _____

City _____

State _____

Zip _____

Phone Home (____) _____ Cell (____) _____

Work (____) _____

Email _____

ATTORNEY'S INFORMATION:

Name _____

Address _____

If the attorney practices in the Kansas City area, please see instructions on page 5

City _____

State _____

Zip _____

Phone (____) _____

Email _____

FOR OFFICE USE ONLY

Bar # _____

Standing _____

PLEASE TYPE OR PRINT - ANSWER ALL QUESTIONS

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

Check all that apply

- Bankruptcy
- Child custody/support
- Collection of a debt
- Criminal
- Divorce
- Estate or Probate
- Guardianship

- Insurance
- Juvenile
- Labor/Discrimination
- Landlord/Tenant
- Litigation – hired to represent you in a suit
- Personal Injury
- Real Estate/Property

- Traffic violation
- Unemployment Benefits
- Workers' Compensation
- Other: _____

Date that you hired the attorney _____

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 this fee have you paid?

How much of the total amount are you disputing?

What amount of fees charged do you feel is fair?

*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

Attach a copy of written agreement, if available.

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

Has a civil law suit 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 RULE OF THE COMMITTEE.

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 **Linda Oligschlaeger** at The Missouri Bar, P.O. Box 119, Jefferson City, MO 65102; (573) 635-4128, E-mail: lindao@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 program administrator, Linda Oligschlaeger, P.O. Box 119, Jefferson City, MO 65102, (573) 635-4128, E-mail: lindao@mobar.org, as soon as possible to allow time to provide reasonable accommodations.

**** KANSAS CITY AREA FEE DISPUTES ****

The Missouri Bar Fee Dispute Resolution Committee does not have jurisdiction on fee disputes regarding Kansas City area attorneys. If you have a fee dispute with a Kansas City attorney, please contact:

Kansas City Metropolitan Bar Association
(816) 474-4322
www.kcmba.org