

POLK COUNTY BAR ASSOCIATION
ATTORNEY FEE ARBITRATION COMMITTEE
COMPLAINT FORM

RE:

(Name of Client)

(Client's Address)

AND

(Name of Attorney)

(Attorney's Address)

I, _____ ("Client") hereby complain that the above attorney has improperly charged me for legal services rendered in that: (Here explain the basis for the complaint including the nature of the dispute, the relief sought and dollar amount involved -- additional pages may be attached if necessary -- you are encouraged to include as exhibits all pertinent correspondence, billing materials, affidavits, or other documentation related to this dispute.)

(Please send the original and ten copies of this Complaint with attachments to the Committee Chairperson.)

IN FILING THIS COMPLAINT, THE UNDERSIGNED CLIENT HEREBY WAIVES THE ATTORNEY-CLIENT PRIVILEGE BETWEEN CLIENT AND THE ABOVE-NAMED ATTORNEY.

(Date)

(Signature of Client)

Subscribed and sworn to before me this _____ day of _____, 2009,

SEAL

NOTARY PUBLIC IN AND FOR THE STATE
OF _____

STIPULATION AND AGREEMENT TO SUBMIT TO ARBITRATION

The undersigned parties agree that there is a dispute between them concerning attorney fees and billing practices and that this dispute has been referred to the Polk County Bar Association Attorney Fee Arbitration Committee in accordance with the Official Rules for the Arbitration of Disputes thereof, copies of which have been provided the parties hereto, and which Rules are by this reference incorporated herein as though set forth in full.

Client Signature

Attorney Signature

Date: _____

Date: _____

Client Mailing Address:

Attorney Mailing Address:

Client Daytime Phone Number:
(_____) _____

Attorney Daytime Phone Number:
(_____) _____