

Instructions

1. Answer all questions in this application. If space is inadequate, attach additional pages.
2. Pay the nonrefundable administrative fee that reflects the amount in dispute, as follows:

Amount in Dispute	Fee Paid by Each Party
Under \$5,000	\$35
\$5,001 to \$20,000	\$70
Over \$20,000	\$150

Because the application fee is nonrefundable, we recommend that you talk to the other side before filing your application to find out whether they are willing to agree to arbitration.

3. A complete application must be received from both parties, including the appropriate corresponding fee. Upon receipt of two complete applications and the appropriate fees, both parties will be notified, and their request will be placed in the queue for arbitration
4. For additional questions or information about the program, please review the Fee Arbitration Rules and Procedures which is available on Wisbar or upon request, by contacting feearb@wisbar.org.

Please mail the completed application to:

The State Bar of Wisconsin
Fee Arbitration Program
P.O. Box 7158
Madison, WI 53707-7158

Confidential Information Sheet

This information is for program use only. The information provided here is confidential and is not shared with the other party to the arbitration or the volunteer arbitrator(s). Please answer all questions or your application will be returned.

Check the below option(s) that apply to you and this fee dispute. You must choose at least one.

- I am consenting to participate in Fee Arbitration with the below named opposing party.
- The attorney in this matter was retained through the Lawyer Referral Information Service (LRIS) Program.
- The representation agreement entered into by the parties requires Fee Arbitration.
- The Office of Lawyer Regulation has recommended Fee Arbitration in a Diversion Agreement.

Applicant's Name: _____

Mailing Address: _____

Email: _____

Please note that for the purposes of scheduling, this program will communicate via email with participants and the volunteer arbitrator(s).

Telephone Number: _____

Opposing Party's Name: _____

Address: _____

Email: _____

Telephone Number: _____

Do you have access to a computer and internet? Yes No

Is either party currently or likely to be incarcerated at any time during the arbitration process? Yes No

Does either party need interpretation services during the arbitration process?
 Yes No If yes, please describe:

Attorney-Client Relationship

The information gathered on this page will be shared with the opposing party and volunteer arbitrator(s).

1. Was a representation agreement and/or fee agreement entered and signed by both parties?
 Yes No - If yes, please provide a copy when you submit your application.
2. Did the agreement for fees in this matter provide that the attorney was paid on a “flat fee” or contingency basis? Yes No
3. Did the agreement for fees and representation provide that any disputes would be required to go through an arbitration program? Yes No
4. When was the attorney/law firm hired? _____
5. What type of work was the representation?

<input type="checkbox"/> Criminal Matter	<input type="checkbox"/> Probate/Trust/Estates
<input type="checkbox"/> Divorce/Custody/Post. Divorce	<input type="checkbox"/> Worker’s Compensation
<input type="checkbox"/> Personal Injury/Property Damage	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Business/Real Estate	
<input type="checkbox"/> Other: _____	
6. In what county/counties were the legal services performed?

7. Did the representation involve a case in court? If so, please provide the case number _____
8. Has the work for the underlying legal matter been completed?
 Yes No
9. Has a court official addressed the issue of attorney’s fees in this matter?
 Yes No

Please note that this program is not available if an Order has been given which sets or awards attorneys fees

The Fee Dispute

The information gathered on this page will be shared with the opposing party and volunteer arbitrator(s).

1. What was the total amount of fees and costs requested by the attorney/law firm to begin representation? _____
2. What amount of money was paid, in total, to the attorney/law firm by the client? _____
3. What is the total amount of money in dispute, or what amount do you believe still needs to be paid to the attorney and/or refunded to the client?

4. Were there any invoices sent or received in this matter? Yes No
If yes, please provide copies when you submit your application.
5. Has any money been refunded or returned to the client? Yes No
If so, how much? _____
6. Please answer the following questions as completely as possible. Use additional sheets of paper if needed.
 - a. Describe the dispute and the particulars of your position. Include any relevant dates.
 - b. State the amount of attorney fees or costs that you feel are correct and state any that you do not agree with.
 - c. Include any other information that you believe is relevant to support your dispute.
 - d. Please attach copies of all relevant documents, including but not limited to: the representation or fee agreement, correspondence, invoices or statements, and any additional information you consider relevant.

Agreement to Participate

By signing and submitting this application, the person signing agrees to be bound to the following rules and expectations of this program:

1. A party signing and submitting an application is consenting to participate, unless they have been ordered to participate or have executed consent in their fee agreements. Once an application is signed and submitted, that party shall not withdraw their consent from the program without the approval of the other party.
2. No party or party's representative, panel member or person related to the program shall provide information on the arbitration to anyone not a party to the arbitration. The records, documents, files, proceedings, transcripts, notes, testimony, and the arbitration decision shall not be made available to the public or to any person or body not involved in the dispute.
3. The parties shall not disparage each other with respect to any matter arising in the arbitration.
4. All parties agree that members of the Fee Arbitration Committee, Panel, Program Administrator or program staff person shall have no liability for any official act or omission related to any arbitration under these rules.
5. I further agree that a binding arbitration award in this matter shall include imposition of the statutory rate of interest on any portion of an award not paid within thirty (30) days of the date of the mailing of the Committee's decision to the parties, except as the parties may have otherwise previously contractual agreed.
6. I have read this application, I know what it says, and I certify that its contents are true and correct to the best of my knowledge and belief.

Date: _____ Signature of Applicant: _____

Applicant Leave Blank - For Office Use Only

Case Number _____ Date Recieved _____