FEE DISPUTE COMPLAINT AND CONSENT FORM Houston Bar Association Fee Dispute Committee

		PAR	RT A: INFORMATION ABOUT COMI	PLAINANT
		□ Client	☐ Attorney	
1.	NAME:			
••	TVAILE.	Last	First	Middle
2.	CONTACT INFORMATION (prom		FION (promptly report changes in wri	ting):
	HOME Ad	ddress	□ check if preferred mailing addr	ress
	City		State	Zip Code
	Employer			
	WORK A	ddress	□ check if preferred mailing addr	ress
	City		State	Zip Code
	() Home Tel	lephone	(<u>)</u> Work Telephone	() Cell or Other
	() Fax		Email	
		PAI	RT B: INFORMATION ABOUT RESI	PONDENT
		□ Client	☐ Attorney	
3.	NAME:			
		Last	First	Middle
	Employer			
	Street Ad	dress		
	City		State	Zip Code
	() Home Tel	lephone	()_ Work Telephone	()_ Cell or Other
	()		 Fmail	

	PART C: ATTORNEY-CLIENT RELATIONSHIP			
4.	Date attorney hired for representation?			
5.	Did you sign a contract or representation agreement? \Box Yes \Box No If so, please attach a <u>copy</u> (do not send originals).			
6.	What was the fee arrangement and how much money was actually paid to the attorney? If you have receipts or canceled checks, please attach <u>copies</u> (do not send originals).			
7.	What amount is currently in dispute?			
8.	Did someone other than the client pay the attorney? ☐ Yes ☐ No			
9.	Has a related grievance or civil lawsuit been filed? ☐ Yes ☐ No If <i>yes</i> , please explain:			
10.	Briefly describe the underlying case and what was the attorney hired to do?			
PART D: WAIVER OF ATTORNEY-CLIENT PRIVILEGE				
FOR CLIENTS ONLY : I hereby expressly waive any attorney-client privilege as to the attorney and law firm and the subject of this fee dispute. I hereby authorize the named attorney and law firm to reveal any information in the professional relationship, including confidential or privileged information, to the Fee Dispute Committee including the appointed arbitration panel.				
Sig	nature: Date:			

PART E: FEE DISPUTE

use additional pages if necessary

State in detail the basis of your fee dispute. It is recommended that you include copies of the following relevant information: disputed invoices, bills and charges; cancelled checks, receipts or other evidence of payment; correspondence relating to the fee dispute; and the contract or engagement letter. DO NOT SEND COPIES OF PLEADINGS, DEPOSITIONS, MEDICAL REPORTS OR OTHER EVIDENCE THAT MAY BE INTRODUCED AT THE HEARING.			

By execution and delivery of this consent to arbitration, I agree to submit all disputes concerning any and all fees and/or costs paid, charged, or claimed for professional legal services between the parties named above to final and binding arbitration before an arbitration panel appointed by the Houston Bar Association Fee Dispute Committee. I understand that after all parties have agreed in writing to be bound by an arbitration decision, a party may not withdraw from that agreement unless all parties agree to the withdrawal in writing. I hereby acknowledge that I have received, read, and understand the Rules and Regulations of the Fee Dispute Committee and consent to be governed and bound by these rules in this arbitration proceeding. I agree that notice to me of all matters pertaining to the arbitration shall be deemed effective if sent to me by mail, fax, or hand-delivery to the address and/or fax number listed above. Said contact information shall be effective until such time as I give written notice of a change to the Houston Bar Association.

Signature: ______ Date: ______ How did you hear about the HBA Fee Dispute? ______

COMPLETE THE ENTIRE COMPLAINT FORM TO AVOID PROCESSING DELAYS.

A COPY OF THIS COMPLAINT WILL BE FORWARDED TO THE RESPONDENT.

Return to:

Houston Bar Association • 1001 Fannin, Suite 1300 • Houston, TX 77002 (713) 759-1133 • (713) 759-1710 FAX • www.hba.org