



# Petition for Resolution of Fee Dispute

Docket # \_\_\_\_\_  
For Office Use Only

Person filing this petition:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Final Billing: \_\_\_\_\_

Attorney you are filing this petition against:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Amount of Dispute: \$ \_\_\_\_\_

According to the Wyoming Supreme Court's rules governing fee disputes, a "final billing" (1) The first bill submitted by the attorney to a client after the case is closed and after the work to complete the case has been performed for which the attorney was originally hired; or (2) The first bill submitted by the attorney to a client following termination of the attorney-client relationship by either the attorney or the client; or (3) A statement which purports to support a distribution of money or value exchanged arising from a contingency fee case. Please provide the date of that billing and a copy of the last bill you received. If the case was a contingent fee case, please provide the date of the "statement of distribution" your attorney is required to provide you. A petition may be dismissed if filed 120 days or more after final billing.

Is there any other person who may be directly affected by the outcome of this petition?  Yes  No

If yes, please provide the following information:

Name \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Please use the space provided below to explain clearly and briefly the facts which have led you to file this petition. If you are objecting to a specific portion of your attorney's bill, indicate which portion and state the basis of your objection(s). It is important that you attach copies of billing statements. Please attach copies of billing statements and any other material you feel is relevant. If you need additional space, please continue on the back of this page.

I HEREBY AFFIRM that the forgoing recitation of facts is true to the best of my knowledge. I further acknowledge that by filing this petition for resolution of fee dispute, I have elected to proceed under the Wyoming Supreme Court rules regarding resolution of fee disputes. I understand that the determination of the hearing panel appointed pursuant to these rules is binding. I HEREBY ENCLOSE A \$25.00 ADMINISTRATIVE FEE made payable to the WYOMING STATE BAR.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Complainant \_\_\_\_\_.

Return this form to:  
Wyoming State Bar  
P.O. Box 109  
Cheyenne, WY 82003-0109