



PETITION FOR FEE ARBITRATION

Instructions

Please return the Petition along with any supporting documentation that you deem relevant, including but not limited to:

- Signed fee agreement or contract between you and the respondent (if any)
- Billing statements and receipts
- Correspondence regarding the dispute

Please retain the copy of the Wyoming Rules for Fee Arbitration for your reference.

Return Petition and supporting documents to

Wyoming State Bar
Office of Bar Counsel
Fee Arbitration Program
P.O. Box 109
Cheyenne, WY 82003
307-632-9061
Fax 307-632-3737
www.wyomingbar.org

PETITION FOR FEE ARBITRATION

Date: _____

Petitioner's Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Telephone Numbers: Home () _____ Cell () _____

Respondent's Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Telephone Numbers: Home () _____ Cell () _____

1. What is the total amount of attorney fees? (services only) _____

How much of that amount is in dispute? _____

2. What was the total charge for disbursements? _____

How much of that amount is in dispute? _____

3. What is the total amount already paid to the attorney? _____

4. In what city or county were the legal services performed? _____

5. When were the legal services performed? _____

6. For what type of legal services was the attorney employed? _____

7. Was there a written agreement or other correspondence on fees and disbursements for legal services? Yes ____ No ____ **(If you answered "yes" please include a copy.)**

8. When did the attorney-client relationship terminate? _____

9. Did you receive a final billing? If so, what date did you receive it? _____

10. Was there an oral agreement in regards to legal fees and disbursements? Yes ____ No ____
If you answered "yes", please include a written explanation of what the oral agreement was.

11. On a separate sheet of paper, please state in DETAIL (1) the nature of the dispute, (2) the particulars of your position, and (3) all relevant dates. State the amount of attorney fees and disbursements that you feel are correct and the attorney fees and disbursements that you feel are in dispute. List your reasons. Attach additional pages if more space is needed.

By filing this application, I certify that the above information is true and correct. I certify that I have received and read the Wyoming Rules for Fee Arbitration.

Signature of Petitioner

Date