

**FEE DISPUTE**  
**PERSONAL and CONFIDENTIAL**  
**MEMORANDUM OF COMPLAINT**

Please complete and return to:  
Mobile Bar Association  
Post Office Drawer 2005  
Mobile, Alabama 36652

Please type or print in blue or black ink.  
DO NOT USE PENCIL!

**PART A: INFORMATION ABOUT YOU – PLEASE KEEP CURRENT**

**Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Person who can always reach you:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**PART B: INFORMATION ABOUT ATTORNEY**

**Name of Attorney:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**When did you hire this attorney?** \_\_\_\_\_

**What did you hire this attorney to do for you?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What was the fee arrangement with the attorney?** \_\_\_\_\_

**Do you owe this lawyer any money for fees or expenses relating to this matter?** \_\_\_\_\_

**If so, how much?** \_\_\_\_\_

**WITNESSES WHO MIGHT KNOW FACTS ABOUT YOUR COMPLAINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PART C: EXPLANATION OF YOUR COMPLAINT**

State in detail why you think this attorney has done something improper or has failed to do something which should have been done.

Attach COPIES ONLY of any contract, letters or other documents which may be relevant to this complaint (please be advised we cannot return documents submitted to this office). You may add more pages to this form if you need additional space for your explanation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I AM WILLING TO SIGN A STATEMENT UNDER OATH THAT IT IS TRUE.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Attachment Form**  
**Fee Dispute / Law Firm Dissolution Committee of the Mobile Bar Association**  
**Agreement To Be Bound**

The Complainant listed below has approached the Fee Dispute / Law Firm Dissolution Committee of the Mobile Bar Association ("Committee") with a request that it resolve a fee dispute between the Complainant and the Respondent listed below. Before the Committee will proceed to resolve the dispute, the Committee requires that both the Complainant and the Respondent agree to be bound by the Committee's determination.

Once both Complainant and Respondent sign copies of this Agreement To Be Bound, the Committee will appoint a panel of three lawyers from the Committee to consider the positions of the Complainant and Respondent, to hear any additional evidence and arguments of the parties requested by the panel, and to render a decision.

Please indicate your willingness to be bound by the decision of the panel by signing your name to a copy of this Agreement To Be Bound and returning your signed copy to the Chair Person of the Committee. Both the Complainant and the Respondent will have agreed to be bound by the panel's decision when they have each signed separate copies of this Agreement To Be Bound, and returned those signed copies to the Chair Person of the Committee. (The Complainant and the Respondent do not need to sign the same copy.)

We, the undersigned Complainant and Respondent hereby agree to be bound by the decision of the Committee as rendered by the panel of three lawyers from the Committee with respect to the fee dispute set forth in the Complainant's Fee Dispute Form submitted to the Mobile Bar Association.

\_\_\_\_\_  
**Complainant Signature**

\_\_\_\_\_  
**Respondent Signature**

Date: \_\_\_\_\_

Date: \_\_\_\_\_