



6. State the fee agreement that you had with the attorney and attach copies of any letters or papers that discuss the fee agreement.

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7. State all amounts paid to the attorney, the dates of payment, and for what the payment was made.

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8. State the total amount of the attorney's bill (attach a copy, if available).

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9. Has the attorney sued you for the bill? If yes, state the date you were served with the suit papers and attach a copy.

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10. Briefly explain why you disagree with the bill for legal services.

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**USE ADDITIONAL SHEETS IF NECESSARY**

I further state that I wish to submit this matter to the Fee Dispute Resolution Committee and further waive the attorney-client privilege pursuant to the Rules of Professional Conduct. I fully understand that the determination of the Committee is not legally binding on me or the attorney, unless we agree in writing, but such determination may be used in court against me or the attorney. I realize that once the hearing has commenced, the Fee Arbitration Committee need not permit me to withdraw my request and may proceed to hear the matter, even in my absence should I choose not to attend regularly scheduled hearing dates. I am further aware that if any action for payment of the fee is now pending in a court of this State of Indiana, that the lawsuit will prevent the Committee from hearing this matter unless the lawsuit is dismissed. I also understand that as an alternative to those arbitration proceedings, I have the option of presenting this matter to a court in this State. I prefer, however, to submit the dispute to the Dispute Resolution Committee for resolution under the terms recited herein.

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

Signed: \_\_\_\_\_