

**NEBRASKA STATE BAR ASSOCIATION
PETITION FOR FEE ARBITRATION**

**TO: COMMITTEE ON THE ARBITRATION OF ATTORNEY FEE DISPUTES
NEBRASKA STATE BAR ASSOCIATION, 635 S 14th St. #200, LINCOLN, NEBRASKA 68508
402-475-7091**

Answer ALL questions in the blank provided

Client's Name: _____

Home Address: _____
(City) (State) (Zip Code)

Business Address: _____

(City) (State) (Zip Code)
Telephone Numbers: Home () _____ Business: () _____

Attorney's Name: _____

Office Address: _____
(City) (State) (Zip Code)

Office Telephone Number: () _____

Name and Address(es) of Other Persons who may be directly affected by the outcome of this petition:

1. What is the total amount of attorney's fee? _____

2. How much of this amount is in dispute? _____

3. How much has been paid to the attorney? _____

4. In what city & state were the legal services performed or supposed to have been performed? _____

5. When were the legal services performed? _____

6. On EXACTLY what date did the fee dispute first arise? _____

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

8. Briefly, list the main reasons you feel the fee is not correct (or is correct).

a) _____

b) _____

c) _____

d) _____

e) _____

I agree to be bound by the decision of the Fee Arbitration Panel Yes ____ No ____

**I have made a good faith effort to resolve the dispute with the other party before
filing this petition Yes ____ No ____**

**Is this dispute the subject of pending litigation or an adjudicated fee award
Yes ____ No ____**

Your signature: _____

**If you have a disability and need assistance in the fee arbitration process, please contact the
Arbitration coordinator at 402-475-7091**