
Petitioner

Mailing Address

City, State, Zip Code

Telephone Number (Daytime) EMAIL: _____
Cell Number: _____

vs.

Attorney

Mailing Address

City, State, Zip Code

Telephone Number (Office)

PETITION TO MEDIATE/ARBITRATE FEE DISPUTE

HSBA FILE NO. _____
(HSBA Use Only)

Fax to 521-7936 or mail to HSBA, Fee Dispute, 1132 Bishop St., 906, Honolulu, HI 96813

APPENDIX A

PLEASE FILL IN BLANKS OR CIRCLE APPROPRIATE WORDS:

* * *

1. I request mediation of a fee dispute between myself and the Attorney named above.

(NOTE: Mediation is a non-binding form of alternative dispute resolution. In mediation, a neutral Mediator appointed by the Committee will attempt to assist you and the Attorney to reach a settlement of the dispute, but he or she does not have the authority to make a binding decision or award.)

2. If we cannot resolve the dispute by mediation, I (DO) (DO NOT) request binding arbitration of the dispute between myself and Attorney.

(NOTE: Arbitration is another form of alternative dispute resolution. Arbitration is a process where each side presents its case at a hearing to a neutral Arbitrator appointed by the Committee. After the hearing, the Arbitrator will issue a final and binding decision. The difference between mediation and arbitration is that a Mediator does not have authority to force the parties to accept a binding decision.)

3. I hired the Attorney on _____.
(approximate date)

4. I asked the Attorney to provide the following services:

5. The Attorney (DID) (DID NOT) tell me the fee to be charged for the services.

6. The fee arrangement was:

- (a) \$_____ per hour;
- (b) \$_____ lump sum fee;
- (c) _____% contingency fee;
- (d) Other (describe):

7. The fee arrangement (WAS) (WAS NOT) in writing. (If so, please attach a copy of the written agreement.)

8. I (DID) (DID NOT) receive billing statements from the Attorney. (If so, please attach copies of billing statements.)

9. I was charged the total amount of \$_____.

10. I (DID) (DID NOT) pay money to the Attorney for services. I paid the Attorney a total of \$_____. (Please attach copies of any receipts or cancelled checks.)

11. The Attorney (DOES) (DOES NOT) claim that I still owe him or her money for attorney fees. This amount is \$_____.

12. I believe that I was overcharged in the amount of \$_____.

13. The reason I believe I was overcharged or that the fee was excessive is:

14. There (IS) (IS NOT) a complaint regarding this fee dispute already filed in State or Federal Court.

15. I have attached the following documents to this petition to support my claim: (Please list all documents attached in addition to the fee agreement or billing statements, if any.

16. I (HAVE) (HAVE NOT) made efforts to resolve this dispute directly with the Attorney before filing this petition.

17. I have made the following efforts: (i.e. writing, phoning or meeting with the Attorney; please include dates if possible).

18. I (HAVE) (HAVE NOT) filed a complaint against Attorney with the Office of Disciplinary Counsel. (NOTE: The Committee may not accept jurisdiction of matters where there is a pending ODC investigation.)

19. I request that the Committee resolve this matter by granting me the following:

20. If I have agreed to submit this matter to arbitration, I understand that:

- (1) I agree to be bound by the determination of the Arbitrator who considers this matter;
- (2) that his/her determination may be reviewed by a court only for the reasons set forth in Hawaii Revised Statutes, Chapter 658A; and
- (3) that the Arbitrator's determination may be reduced to judgment.

21. I have reviewed this petition, and it is true and complete to the best of my knowledge.

DATE: _____

Signature of Petitioner

IF MY PETITION IS ACCEPTED BY THE COMMITTEE FOR MEDIATION OR ARBITRATION, I UNDERSTAND AND HEREBY ACKNOWLEDGE THAT I WAIVE ANY CLAIM OF ATTORNEY-CLIENT PRIVILEGE WITH RESPECT TO THE MATTERS AT ISSUE IN THIS PETITION.

DATE: _____

Signature of Petitioner

IMANHONO:242394.1