

**PLEASE INCLUDE A COPY OF YOUR RETAINER OR CLIENT FEE AGREEMENT
TO THIS PETITION WHEN FORWARDING YOUR PETITION TO THE HSBA.
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.)

2. a. How were you referred to the attorney? _____
b. How were you referred to our program? _____

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:
 - \$_____ per hour;
 - \$_____ lump sum fee;
 - _____% contingency fee;
 - 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:

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

- I agree to be bound by the determination of the Arbitrator who considers this matter;
- The determination may be reviewed by a court only for the reasons set forth in Hawaii Revised Statutes, Chapter 658A; and
- 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

**HAWAII STATE BAR ASSOCIATION-ALAKEA CORPORATE TWR
1100 ALAKEA STREET, STE. 1000 * HONOLULU, HAWAII 96813**