FEE DISPUTE RESOLUTION FORM

RETURN TO: Committee on Fee Dispute Resolution
Kansas City Metropolitan Bar Association
Two Pershing Square
2300 Main Street, Suite 100
Kansas City, MO 64108

PLEASE TYPE OR PRINT – ANSWER ALL QUESTIONS

Name:

______________________________________________________________________________

Email Address:

______________________________________________________________________________

Address:

______________________________________________________________________________

(Street, Apt. No.)

______________________________________________________________________________

(City, State, Zip)

Telephone Number(s):

( ) __________________________ (home)

( ) __________________________ (work)

Attorney’s Name:

______________________________________________________________________________

Firm Name/Office:

______________________________________________________________________________

Office Address:

______________________________________________________________________________

Street, Suite No.

______________________________________________________________________________

City, State, Zip

Telephone Number: ( ) __________________________
Have you made a good faith effort to resolve this dispute?

If so, give details including any offers you have made to the attorney or have received from him/her.

Did you sign a written agreement for legal fees?

If so, attach a copy

Did you have an oral agreement for legal fees?

If so, what was your understanding?

What was the total amount of the fee charged?

(Attach copies of billing statements if available)

Amount paid to attorney?

How much of the total amount is in dispute?

Has a civil law suit been filed by you or the attorney in regards to these fees?

_____ yes _____ no. Is the case currently pending? _____ yes _____ no. If yes, the Fee Dispute Resolution Committee cannot review this matter until the case is settled.

Date that you employed the attorney: ___________________

Date that the last legal services were provided: ___________________
For what type of case or legal services was the attorney employed?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Please tell us in your own words what happened and how the fee dispute resulted. Give all the details of the dispute in chronological order, including dates. Include the amount of attorney fees that you feel is fair. Attach additional sheets, if necessary.

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I hereby certify with my signature that the above information is true and correct to the best of my knowledge.

The undersigned complainant(s) further agrees to authorize any investigator appointed by the Kansas City Metropolitan Bar Association Fee Dispute Resolution Committee to investigate any alleged fee dispute and to meet and discuss the issues involved with the complainant’s attorney or attorneys. The complainant(s), by executing this agreement, further authorizes his or her attorney or attorneys to provide copies of any documents or provide information which the investigator may request in connection with conducting this investigation and waives any attorney-client privilege in connection therewith.

The complainant(s), by executing this agreement, agrees to authorize that communications and documents be sent by electronic means, i.e. email, to the appointed investigator, the Fee Dispute Coordinator, the complainant’s attorney or attorneys, and the complainant.

If the complainant does not have access to an electronic means of communication, then the complainant must initial below to receive communications regarding their case by mail to the address included on this form.

_________
Initials

I understand that any recommendations issued by the Committee, the Chairman or a Fee Dispute Panel are non-binding. Both parties are free to accept or refuse any recommendations made by the Committee, the Chairman or a Fee Dispute Panel. Participation in the Committee’s process in completely voluntary for both parties, and is not legally enforceable.

___________________
Date

___________________
Signature

If you have any further questions or need assistance in completing this form, please contact the Fee Dispute Coordinator at the Kansas City Metropolitan Bar Association at 816-474-4322.