

**REQUEST FOR AN AGREEMENT TO  
Submission of a Fee Dispute  
to the Milwaukee Bar Association's  
FEE ARBITRATION COMMITTEE**

**INSTRUCTIONS**

Please type or print all information requested on this form. The client(s) must complete the "CLIENT INFORMATION" and the attorney(s) the "ATTORNEY INFORMATION" portion of this form. When you have completed your portion of this form, mail it to: Fee Arbitration Committee, Milwaukee Bar Association, 424 East Wells Street, Milwaukee, WI, 53202. If you have any questions regarding completion of this form or about the arbitration process, please call the Milwaukee Bar Association at 274-6760.

**CLIENT INFORMATION  
(Client complete this column)**

Name:.....  
Address:.....  
State, City, Zip:.....  
Phone Number:.....

**NAME AND ADDRESS OF ATTORNEY  
YOUR DISPUTE IS WITH**

Name:.....  
Address:.....  
State, City, Zip:.....  
Phone Number:.....

**WAS THIS ATTORNEY REFERRED TO YOU BY  
THE LAWYER REFERRAL SERVICE OF  
MILWAUKEE?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**BRIEFLY DESCRIBE THE KIND OF  
LEGAL SERVICES RECEIVED**

.....  
.....  
.....  
.....  
.....

**ATTORNEY INFORMATION  
(Attorney complete this column)**

Name:.....  
Address:.....  
State, City, Zip:.....  
Phone Number:.....

**NAME AND ADDRESS OF CLIENT  
YOUR DISPUTE IS WITH**

Name:.....  
Address:.....  
State, City, Zip:.....  
Phone Number:.....

**WAS THIS CLIENT REFERRED TO YOU BY THE  
LAWYER REFERRAL SERVICE OF  
MILWAUKEE?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**BRIEFLY DESCRIBE THE KIND OF  
LEGAL SERVICES PROVIDED**

.....  
.....  
.....  
.....  
.....

*If the space provided on this form is not adequate, please attach continuation pages.*

**CLIENT INFORMATION CONTINUED...**

**TOTAL LEGAL FEES BILLED TO CLIENT:**

\$ \_\_\_\_\_

**TOTAL LEGAL FEES PAID BY CLIENT:**

\$ \_\_\_\_\_

**TOTAL AMOUNT OF FEES YOU DISPUTE:**

\$ \_\_\_\_\_

**COSTS AND EXPENSES YOU DISPUTE:**

\$ \_\_\_\_\_

**DATE LEGAL SERVICES PROVIDED**

(First services provided) \_\_\_\_\_

(Last services provided) \_\_\_\_\_

**BRIEFLY STATE WHY YOU BELIEVE THE AMOUNT BILLED IS:**

UNREASONABLE:.....  
.....  
.....  
.....  
.....

**ATTORNEY INFORMATION CONTINUED...**

**TOTAL LEGAL FEES BILLED TO CLIENT:**

\$ \_\_\_\_\_

**TOTAL LEGAL FEES PAID BY CLIENT:**

\$ \_\_\_\_\_

**DATE LEGAL SERVICES PROVIDED**

(First services provided) \_\_\_\_\_

(Last services provided) \_\_\_\_\_

**BRIEFLY STATE WHY YOU BELIEVE THE AMOUNT BILLED IS:**

REASONABLE:.....  
.....  
.....  
.....  
.....

**ARBITRATION AGREEMENT**

**WHEREAS**, the client(s) and attorney(s) whose signatures appear below are not in agreement as to a fair amount for attorney's fees and charges, and whereas each wants a speedy and final determination without cost are unable to amicably resolve the dispute between themselves;

**NOW, THEREFORE**, in consideration of the mutual benefits to each party and the mutual obligations accepted by each party;

Each party agrees to submit their entire dispute regarding fees and charges as above described to the Milwaukee Bar Association's Fee Arbitration Committee on Resolution of Fee Disputes for binding arbitration pursuant to the Committee's Rules as adopted from time to time and pursuant to Chapter 788, Wisconsin Statutes. Each party acknowledges reading (or having read to them) the Committee's Rules and understanding and agreeing to them.

Each party further specifically understands and agrees that a binding arbitration award in this matter shall include position of the statutory rate of interest on any portion of an award not paid within fifteen (15) days of the mailing of the Committee's decision to the parties, except as the parties may have otherwise previously contractually agreed.

\_\_\_\_\_  
Client's Signature(s)

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

\_\_\_\_\_  
Attorney's Signature(s)

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