

FEE DISPUTE COMMITTEE/Initial Complaint Form

1. YOUR NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

2. NAME OF ATTORNEY: \_\_\_\_\_

ATTORNEY LAW FIRM: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

3. What is the total amount of fee you were charged? \_\_\_\_\_

(a) How much of it have you already paid? \_\_\_\_\_

4. Was there a written agreement, letter or bill concerning the fee you were to be charged?

YES

NO

If you checked YES, please make sure you attach a COPY to this Complaint Form.

5. If there was no written basis for the fee, what was your understanding of how you were to be charged?

\_\_\_\_\_  
\_\_\_\_\_

6. What legal services were to be rendered by the attorney?

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7. Briefly state your complaint. \_\_\_\_\_

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8. Please set forth any other information you feel the Fee Dispute Committee should consider.  
Add additional pages, if necessary:

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9. Have you been sued with respect to this matter?	YES	NO
Has a judgment been entered against you?	YES	NO

10. The Decisions of the Fee Dispute Committee are limited to the amount of professional fees charged and/or claimed to be due.

**RELEASE**

I hereby authorize the release of any information from my file in this case regarding this fee dispute.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_