
PETITIONER(S)

vs.

**PETITION FOR ARBITRATION
OF FEE DISPUTE**

No. _____

RESPONDENT(S)

TO: THE STATE BAR OF MONTANA:

PETITIONER(S) address and phone number:

(Street or P.O. Box)

(City, State and Zip)

(Daytime Phone No.)

E-Mail Address: _____

RESPONDENT(S) address and phone number:

(Street or P.O. Box)

(City, State and Zip)

(Daytime Phone No.)

E-Mail Address: _____

Petitioner(s) hereby request(s) arbitration of the fee dispute between myself/ourselves and the above-named Respondent(s).

The amount of the fee and/or costs in dispute is: \$ _____.

I/we certify the fee is not the subject of pending litigation and is not a fee which a court or administrative agency, i.e. Workers' Compensation Court or Social Security Disability matter, has statutory authority to determine. I/we understand this is not the forum for claims of professional or ethical misconduct or malpractice and that those issues are reviewed by the Office of Disciplinary Counsel (406)841-2980, or by a court of law. I/we further understand that by filing this Petition, I/we may not withdraw from this process once the opposing party has signed the Arbitration Agreement, unless the opposing party agrees to the withdrawal. I/we also understand that even if non-binding arbitration is selected, the award entered at the conclusion of the process may become binding under certain provisions of these rules.

A brief statement of the facts giving rise to the dispute is as follows: (Attach separate sheet if necessary)

DATED THIS _____ day of _____, 20____.

Petitioner

Co-Petitioner (If applicable)