

**TARRANT COUNTY BAR ASSOCIATION
FEE ARBITRATION COMMITTEE
INQUIRY FORM**

PLEASE COMPLETE THE FOLLOWING IN PRINT OR TYPE:

COMPLAINING PARTY:

Name: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
(Area Code) (Area Code)

Work Phone: _____
(Area Code)

RESPONDING PARTY:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
(Area Code) (Area Code)

Work Phone: _____
(Area Code)

Approximate date you hired (or was hired by) Responding Party: _____

Please state the original basis for Client/Attorney relationship, i.e. family law matter: _____

Please state the nature of the fee arrangement you had with Responding Party i.e. written contract, hourly rate, or other arrangement: _____

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COMPLAINING PARTY - Name: _____

Please set out below a detained statement of the facts and basis for this fee dispute complaint. If there is insufficient space below, please continue on a separate sheet of paper and attach it to this form. Attach photocopies of any correspondence received from or to Responding Party, together with copies of any billing statements and any other documents that you deem material or relevant to this fee dispute. If this fee dispute pertains to a lawsuit, please attach a copy of all court papers that you have in your possession.

I certify that the information and statements submitted herewith and attached hereto are true and correct. I further certify that I am over the age of 18 years of age.

WITNESS MY HAND this _____ day of _____, _____.

(Signature)

SEND COMPLETED FORM TO:

**FEE ARBITRATION COMMITTEE
1315 CALHOUN STREET
FORT WORTH, TEXAS 76102-6504
(817) 338-4092 Fax: (817) 335-9238**