



**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:  
\_\_\_\_\_

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:\_\_\_\_\_



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.

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 is completely voluntary for both parties, and is not legally enforceable.

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Date

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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.