



New Jersey Judiciary
Attorney Fee Response Request
Office of Attorney Ethics



Note: A non-refundable filing fee check for \$50, made payable to the "Disciplinary Oversight Committee" must be included. Please type or clearly print all information. Submit one (1) original and five (5) additional copies of all documents submitted, including attachments.

A. Attorney Information

Last Name (include: Sr. / Jr. / III, etc.)	First Name	Middle Name
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Email

B. Client Information

Last Name (include: Sr. / Jr. / III, etc.)	First Name	Middle Name
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Email

C. What is the total amount of the attorney's bill?

Total legal fee \$ _____ (for attorney time)	+ Total costs/ disbursements \$ _____	= Total \$ _____ bill
Amount paid by client or on client's behalf \$ _____		(attach proof of payment)

D. Was there a written fee agreement or fee letter sent to the client explaining how much they would be charged? ☐ Yes ☐ No

If yes, attach a copy.

1. Have you or the law firm ever represented the client before? ☐ Yes ☐ No

a. If not, what legal fee arrangement was agreed upon and when? Explain below.

2. Was this a contingency case? ☐ Yes ☐ No

a. If not, what type of case was it? _____

3. Date representation commenced: _____

4. Date representation terminated: _____

E. Briefly explain the fee arrangement. Note: Use additional sheets, if needed.

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1. What was the initial fee quoted to the client?	\$ _____																
2. What was the final bill?	\$ _____																
F. If the final bill [E(2)] is different than the initial fee quoted [E(1)], state the reason, the date the client was advised of the change, and attach copies of any retainer or agreement authorizing such change. Additionally, include any documents advising the client of the change. Date the client was advised of the change: _____																	
G. Was one or more itemized bills submitted to the client? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the dates amounts. Note: List all the amounts the client paid and the payment date. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 25%; height: 20px;"> </td><td style="width: 25%; height: 20px;"> </td><td style="width: 25%; height: 20px;"> </td><td style="width: 25%; height: 20px;"> </td></tr><tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr><tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr><tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr></table>																	
H. Did you maintain time records in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copies. If not, explain below. If the client made payments on bills, attach itemized list showing date(s) received and amounts.																	
I. Have you brought a lawsuit for your fees or are the fees at issue in any other court proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the date of service of process on the client: _____ Did you provide pre-action notice to client under R. 1:20A-6? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy and provide date of notice and proof of mailing.																	
J. Briefly state your response to the client's answer to section I of the <i>Attorney Fee Arbitration Request</i> form, which explains why the client disagrees with your bill. <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>																	

Attorney Fee Response Request

K. Do you assert that another attorney or law firm may be responsible for or entitled to any part of the fee? ☐ Yes ☐ No

If yes, state the correct names below and serve them in accordance with R. 1:20A-3(b).

Attorney's Full Name

Firm Name

Firm Mailing Address

City

State

Zip

Attorney Certification

I hereby certify that all the foregoing statements made by me are true, and that all documents attached are true copies of the originals. I have, contemporaneously with the filing of this form with the secretary of the District Fee Arbitration Committee, mailed a copy by certified mail to the client, with return receipt requested and that I also have completed service on any other attorney or law firm listed in section K above. I am aware that if any part of this *Attorney Fee Arbitration Request* form is willfully false, I am subject to punishment.

Please notify the district secretary of any disability accommodations or interpreting services needed.

Date

s/
Signature of Attorney

Print Name of Attorney

For internal use only

File Number

Date entered in OAE Database

Filing Fee Paid

☐ Yes

☐ No