



\_\_\_\_\_

\_\_\_\_\_  
**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)