	PETITION	• •	TRATION EEMENT
-1	vs-		
		No. ₋	
	RESPOND	ENT(S)	
other party through a methose efforts, the assistated 2) Each party at on Arbitration of Fee Discontinuous 3) The parties at applicable state or federated 4) The parties at the Petition by the Stated 5) In addition to sign ONE of the following the arbitrators. (If both	igree that this dispute is n Bar of Montana. o paragraphs 1 through	written communication are sted to resolve this disputived and read the State by those rules. ot subject to a valid arbit of the subject of litigation above, the parties furth and to immediately be to A, the arbitrators' decision	nd that not withstanding the. Bar of Montana's "Rules tration agreement under in filed prior to receipt of the her agree: (choose and pound by the decision of the interior of the strength of the strength and cannot be the strength of the
Petitioner(s)	Date	Respondent(s)	Date
binding thirty (30) days lawsuit in the appropria settle this dispute. (If e	pate in "non-binding" arb s after the date of the d ite a court of law, within 3 wither party chooses Option of the parties, allowing eith	ecision, unless Petitioner 0 days of the date of the 1 B, there is a 30-day gra	r or Respondent files a e arbitrators' decision, to ace period from the date
Petitioner(s)	Date	Respondent(s)	Date
•	ndent only) in the arbitration and und 5.5 and 5.6, respectively,		upon my status as either
Respondent(s)	 		

State Bar of Montana - PO Box 577, Helena, MT 59624 - 406-447-2206

PETITIONER(S) PETITION FOR ARBITRATION OF FEE DISPUTE VS. 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: (City, State and Zip) (Daytime Phone No.) (Street or P.O. Box) 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)

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