



Office of Attorney Ethics Attorney Fee Response Form

For Office Use Only

File Number

Date Entered in OAE Database

Filing Fee Paid: Yes No

Date Response Received

A Non-Refundable Filing Fee check in the amount of \$50 must be included payable to “Disciplinary Oversight Committee.”

Please type or clearly print all information: **Submit 1 original and 5 copies** of all documents submitted, including attachments.

Attorney’s Name:

Client’s Name:

1. What was the total amount of the attorney’s bill?

Total Legal Fee \$ _____ + Total Costs and Disbursements \$ _____ = Total Bill \$ _____

Amount previously paid to you on the client’s behalf: \$ _____ (attach proof of payment)

2. (a) Type of Case: _____

(b) Date representation commenced: _____

(c) Date services completed or representation terminated: _____

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

(a) If yes, attach a copy.

(b) If no, had you or the law firm regularly represented the client before? Yes No

(c) If no, what arrangement for legal fees was agreed upon, and when?

(d) Was this a contingency case? Yes No

4. (a) Briefly, what was the fee arrangement?

(b) What was the initial fee quoted to the client? \$ _____

(c) What was the final bill? \$ _____

5. If the final bill [4(c)] is different than the initial fee quoted [4(b)], state the reason, the date the client was advised of the change, and attach copies of any retainer or agreement authorizing such change, and any documents advising the client of the change.

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6. Was one or more itemized bills submitted to the client? Yes No
Dates bills were provided to client: _____

7. If client made payments on bill, attach itemized list showing date(s) received and amounts.

8. Did you maintain time records in this case? Yes No (If yes, attach copies)
If not, why not?

9. Have you brought a lawsuit for your fees, or are the fees at issue in any court proceeding? Yes No
(If yes, attach a copy of the complaint or court filing)
(a) If yes, state the date of service of process on client: _____
(b) Did you give pre-action notice to client under R. 1:20A-6? Yes Date: _____ No
(If yes, attach a copy)

10. State your response to the client's answer to section "I" of the Attorney Fee Arbitration Request Form, which explains why the client disagrees with your bill:

11. Do you assert that another attorney or law firm may be responsible for or entitled to any part of the fee? Yes No
If so, state the correct names below and serve them in accordance with R. 1:20A-3(b).
Name: _____
Firm: _____
Mailing Address: _____

Telephone: _____

Attorney Certification

I hereby certify that all of the foregoing statements made by me are true, and that all documents attached are true copies of the originals, and that I have, contemporaneously with filing 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 have also completed service on any other attorney or law firm listed in question 11, above. I am aware that if any part of this Response Form is willfully false, I am subject to punishment.

Dated: _____ Signed: _____

(Please Print Name Below Signature)

 Please Notify District Secretary of Disability Accommodation Needs. 