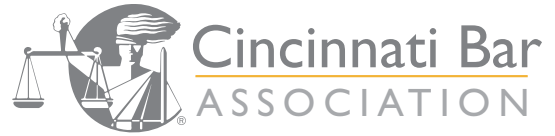


# CONSENT TO ARBITRATION



The undersigned each consent to submit for binding arbitration by the Fee Arbitration Committee of the Cincinnati Bar Association the dispute between them relating to attorneys' fees for legal services. A concise statement of the facts of the dispute between the parties to this consent is attached hereto.

The undersigned acknowledge that they understand that the Fee Arbitration Committee will appoint a panel of three attorneys (or a single arbitrator for disputes under \$2,000) who are members of the Committee to hear the relevant facts regarding this dispute and to render an opinion. The arbitration hearing is informal in nature, and strict adherence to evidentiary and procedural rules is not required. Fee arbitration will proceed in accordance with the Cincinnati Bar Association Fee Arbitration Committee Rules and Procedures. At the hearing, the Complainant may present all of the relevant facts, which support the Complainant's position. The parties are permitted to use exhibits and testimony to assist them in the presentation of their case. While the parties may be represented by counsel at the hearing, it is not required. All testimony at the hearing is given under oath.

The undersigned acknowledge that the decision of the arbitration panel (or single arbitrator) will be binding upon each of them and that there is no right to appeal except as provided in Ohio Revised Code §2711. The arbitration panel (or single arbitrator) will follow [Rule 1.5 of the Ohio Rules of Professional Conduct](#) and consider all other standards applicable to the dispute. The prevailing party in this binding arbitration shall be entitled to enforce the award in the Hamilton County Court of Common Pleas pursuant to Ohio Revised Code §2711.09.

All parties may execute this Consent, or each party may execute a separate Consent, and upon receipt by the Fee Arbitration Committee of such separate Consents, it shall be considered the same as though all parties had signed the same Consent. The undersigned acknowledge that they understand that once this Consent is executed by all parties, it may be deemed irrevocable pursuant to Ohio Revised Code §2711.01(A).

## To Be Completed by Complainant/Client:

1. What fees have you paid the attorney? \$ \_\_\_\_\_

2. Is the attorney claiming you owe additional fees?  Yes  No  
If yes, how much? \$ \_\_\_\_\_

If you dispute the amount of additional fees, how much, if anything, do you agree you owe? \$ \_\_\_\_\_

3. Are you claiming a refund?  Yes  No  
If yes, how much? \$ \_\_\_\_\_

4. Have you sued the attorney for fees?  Yes  No

If yes, please state the Court, County, and Case Number:

5. Has the attorney sued you for fees?  Yes  No

If yes, please state the Court, County, and Case Number:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant/Client Name (Please Print)

\_\_\_\_\_  
Signature

Please estimate the amount of time you will need to present your case: \_\_\_\_\_(hours).

## To Be Completed by Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Name (Please Print)

\_\_\_\_\_  
Signature

Please estimate the amount of time you will need to present your case: \_\_\_\_\_(hours).