

RESOLUTION OF FEE DISPUTES BOARD OF THE SOUTH CAROLINA BAR

APPLICATION FOR RESOLUTION OF DISPUTED FEE

Please answer every question. If more space is needed, you may attach additional pages.

Submit copies of all documentation which may support your position, including canceled checks, receipts, letters, settlement statements, and statements for services rendered. Do not submit originals.

IF YOUR DOCUMENTATION CONSISTS OF 25 PAGES OR MORE, YOU MUST INCLUDE THREE (3) COPIES AS PART OF THE ORIGINAL APPLICATION AND DOCUMENTATION.

Please type or legibly print:

1. **AMOUNT IN DISPUTE:** \$
2. Your full name: _____
Your address: _____
City/State/Zip: _____
Telephone Numbers: _____
Work: _____ Home: _____ Cell: _____
Email address: _____
☐ I consent to receive notification via email ☐ I do NOT consent to receive notification via email
Are you active military? Yes: ☐ No: ☐
If yes:
Are you currently deployed? Yes: ☐ No: ☐
Are you scheduled for deployment? Yes: ☐ No: ☐
If yes:
Date of Deployment: _____
3. Who is the Lawyer whose fee you are disputing?
Lawyer's Name: _____
Lawyer's Address: _____
Lawyer's Telephone Number: _____
Lawyer's Email Address: _____

4. Do you have a written fee contract with the Lawyer? Yes: ☐ No: ☐
If **yes**, attach a copy. If **no**, set out the terms of your oral fee agreement with the Lawyer.

5. When did you hire the Lawyer? (Date) _____

6. When did a dispute concerning the fee arise? (Date) _____

7. Describe the legal services the Lawyer was hired to perform for you: (For example, will preparation, real estate transaction, insurance claim, divorce or domestic matter, criminal case, personal injury, or other): _____

8. List below the amounts and dates of all payments actually made to the Lawyer: (Attach copies of any documentation of payments and copies of billing statements you may have.)

DATE PAID	AMOUNT PAID
	\$
	\$
	\$
	\$
	\$

Has the Lawyer billed you for fees that you have not yet paid? Yes: ☐ No: ☐

If yes, what amount of additional fees does the Lawyer seek? \$

9. Why are you disputing the fees charged by the Lawyer? (Be very specific with your answer.)

10. Did you pay court costs or filing fees in advance? Yes: ☐ No: ☐
If yes, what amount? \$ _____
Do you have any receipts? If so, submit copies.
11. List, as best you can recall, each time you met with the Lawyer and state how long each office visit lasted:

12. List, as best you can recall, each time you discussed your legal matter by telephone with the Lawyer and state how long each telephone call lasted: _____

13. List all legal papers, if any, the Lawyer prepared for you. Attach copies to this application:

14. List all court appearances the Lawyer made on your behalf and state the amount of time each hearing or trial lasted.

15. What is the status of your legal matter at this time? _____

16. List names, addresses, and telephone numbers of individuals who may have information about your fee dispute AND would be comfortable speaking to the board if we cannot locate you:

NAME	ADDRESS	TELEPHONE #

17. Describe what you have done to try to resolve this dispute with the Lawyer (and/or partners or associates of the Lawyer) (for example, telephoned, wrote letters, sued, etc.) and the outcome of your attempts to resolve this dispute. Attach copies of any relevant documents:

18. Has the Lawyer acknowledged to you that your request for a refund is valid?

Yes ☐ No ☐

If yes, explain:

19. Describe any civil, criminal, or disciplinary proceedings you intend to bring or that you have already begun against the Lawyer based on the facts set forth in this application. Include the location and status of any such proceeding(s), as well as your involvement and any amounts awarded to you in such proceeding(s):

20. If you have been reimbursed by anyone for any portion of the fees you paid, state the amount received, the person/entity who made the payment, and the date of payment:

21. How did you learn of the Resolution of Fee Disputes Board?
- _____
23. Do you have an attorney representing you in this fee dispute? If so, please list:
- Current Attorney's Name: _____
- Current Attorney's Address: _____
- Current Attorney's Telephone Number: _____
24. If you wish to designate another person to act on your behalf regarding this dispute and to receive correspondence or notices for you, please identify that person.
- Name: _____
- Address: _____
- Telephone Number: _____

PLEASE CONTINUE TO THE NEXT PAGE

IMPORTANT: LIMITATIONS AND AGREEMENTS

1. I hereby apply to the South Carolina Bar and to the Resolution of Fee Disputes Board to inquire into and resolve what I believe to be a dispute about the legal fee of a South Carolina attorney who represented me in an attorney-client relationship. I understand that by filing this application, I consent to the Board's hearing this matter, and I agree to abide by the Board's decision in the matter. I understand that I may withdraw this application at any time prior to a final disposition by the Board or any assigned member acting for the Board by giving written notice to the South Carolina Bar of my withdrawal of the application. Should I withdraw my application, I understand that I may not thereafter re-file an application involving this same claim with the South Carolina Bar.
2. I hereby certify that the dispute has not previously been submitted to a court, commission, judge, or tribunal for disposition and that there is no action now pending before any court, commission, judge or tribunal to resolve this dispute.
3. I HEREBY ACKNOWLEDGE THAT I MUST KEEP THE CHAIR INFORMED, OF ANY CHANGE IN MY ADDRESS. I UNDERSTAND THAT MY CLAIM MAY BE DISMISSED IF THE CHAIR OR THE INVESTIGATING MEMBER CANNOT FIND ME TO DISCUSS MY CLAIM.
4. I HEREBY CERTIFY THAT I AM THE ACTUAL CLIENT IN THIS MATTER.

Date: _____ Signature of Applicant: _____

I, the undersigned say: I am the Applicant in the above matter, I have read the foregoing Application for Resolution of Disputed Fee and have read the Rules of Procedure, I know the contents thereof, and I certify that the same is true of my knowledge, except as to the matters and things which are therein stated upon my information or belief, and that as to those matters and things I believe them to be true.

I certify (or Declare) under penalty of perjury that the foregoing is true and correct.

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Applicant: _____

Date: _____

Mail or deliver the completed application to:

Resolution of Fee Disputes Board
South Carolina Bar
Post Office Box 608
Columbia, SC 29202-0608