

**The Allegheny County Bar Association
Special Fee Determination Committee
Data Sheet**

The Complainant **MUST** provide the information requested below and return it with the complaint.

(PLEASE TYPE OR PRINT)

1. List your full name and address as well as that of the party against whom you are making a fee dispute claim. Be sure to include suite numbers, zip codes, phone and fax numbers and e-mail addresses.

(Your information, as Complainant)

(Other Party, as Respondent)

Day Phone: _____

Day Phone: _____

Fax: _____

Fax: _____

E-mail _____

E-mail: _____

2. Amount of money in dispute _____

3. Type of legal matter (domestic, criminal, etc.) _____

4. Did you or the Respondent file suit in court or with a district magistrate in regard to this fee dispute? _____

If yes, give the hearing date and identify who filed the action. _____

I have read and agree to be bound by the Special Fee Determination Committee Rules for Processing and Conduct of Fee Disputes.

Signature _____ Date _____

IMPORTANT

Please remember that a complaint in the format requested in the Procedures for the Special Fee Determination Committee (enclosed) **must** accompany this form.

Revised 10/04