

Fee Arbitration Request Form

Prefix	Mr.	Ms.	Mx.	Dr.	
Name					
Address					
Preferred phone number(s)					
Preferred email					
THE LAWYER'S INFORMATION					
Name					
Firm/company					
1. What area of law is involved?	Civil Liti	gation			
		ate/Comme	rcial		
	Crimina	ıl			
	Family				
	Immigr				
	Real Est				
	Wills/Es	tates			

Other - indicate below

2. Fees/disbursements	
Total fees/disbursements charged:	
Total amount you are disputing:	
3. Statement of account(s) you are disputing (you must a	attach copies)
Date of statement of account	Lawyer/firm file number
4. Why are you disputing the fees and/or disbursements	and what are you seeking from the arbitration?

5. If you have tried to resolve the d	ispute with the lawyer, please provide o	ietaiis.
	uest Form and the statement(s) of accou your request. Copies will also be provide	
Date		
Cianatawa		
Signature		
How to submit your SIGNED form:		
Mail:	Scan and send:	Fax:
The Law Society of Manitoba 200 - 260 St. Mary Avenue Winnipeg, MB R3C 0M6 Attention: Debbie Rossol	drossol@lawsociety.mb.ca	204-956-0624 Attention: Debbie Rossol

Questions about this form? Contact:

Debbie Rossol Fee Arbitration Coordinator 204-926-2048 drossol@lawsociety.mb.ca Questions about submitting a formal complaint? Contact: Complaints Resolution Department 204-942-5571 complaints@lawsociety.mb.ca