

**Austin Bar Association  
Fee Dispute Inquiry Form**

**Please state the following in print or type:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Attorney who is the subject of this inquiry: \_\_\_\_\_

Attorney's address: \_\_\_\_\_

Attorney's telephone: \_\_\_\_\_

Approximate date you retained attorney: \_\_\_\_\_

Please state the original basis for retaining the attorney: \_\_\_\_\_

Please state the nature of the fee arrangement you made with the attorney (written contract, hourly rate, or other arrangement): \_\_\_\_\_

Please set out below a detailed statement of the facts and basis for this fee dispute complaint. If there is insufficient space below, please continue on a separate sheet of paper and attach it to this form. Attach photocopies of any correspondence received from your attorney, a copy of the written contract if available, and copies of any billing statements.

**Please return form to:**  
Austin Bar Association  
Attn: Fee Dispute Committee  
816 Congress Ave. Ste. 700  
Austin, TX 78701