

# Petition for ATTORNEY CLIENT ARBITRATION PROGRAM (ACAP)



## PETITIONER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## RESPONDENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Attach an additional sheet with names, addresses, and telephone numbers of additional petitioners and respondents, if needed.

**Do you have an attorney that will represent you for this arbitration?**  Yes  No

Attorney Name \_\_\_\_\_ Attorney Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Attorney's Law Firm Name: \_\_\_\_\_

**What document do you have that provides for an arbitration by ACAP?:**  Contract  Stipulated Agreement

Attach the relevant contract or stipulated agreement to this petition.

**Have the parties already selected an arbitrator from the ACAP Panel?**  Yes  No

If the parties have agreed to an ACAP Panel member, please attach that agreement to this petition. If not, a list of ACAP Panel members will be provided upon receipt and the selection will proceed according to Rule 4.

**The issues before the arbitrator will be the following** (attach a separate sheet, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(form continued on next page)



## Petition for Attorney Client Arbitration Program *(continued)*

What is the amount in controversy? \_\_\_\_\_

I/We agree to submit this dispute to the Los Angeles County Bar Association's Attorney Client Arbitration Program for hearing, decision and award. I/We agree to abide by the Rules for Conduct of Attorney Client Arbitration Program of this Committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(May be signed by a representative)

Name of Representative for Petitioner \_\_\_\_\_

- ▶ To begin proceedings, please serve this petition and attachments to the respondent and forward two copies of this petition to ACAP along with a \$500 non-refundable filing fee.

**Mailing Address** Attorney Client Arbitration Program  
Los Angeles County Bar Association  
P.O. Box 55020  
Los Angeles, CA 90055

OR

Attorney Client Arbitration Program  
Los Angeles County Bar Association  
1055 West 7th Street, Suite 2700  
Los Angeles, CA 90017

## PROOF OF SERVICE

I am over the age of 18. I am a resident of or employed in the county where the mailing occurred. My residence or business address is \_\_\_\_\_. I served this Notice of ACAP Petition by first class mail on the date noted below upon the person or persons named below:

Name of person served	Physical or mailing address where person was served	Date of service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I served the documents by enclosing them in an envelope and (check one):

- depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
- placing the envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name of Declarant \_\_\_\_\_

Signature of Declarant \_\_\_\_\_ Date \_\_\_\_\_