

STIPULATION AND AGREEMENT TO SUBMIT TO ARBITRATION

The undersigned parties agree that there is a dispute between them concerning attorney fees and billing practices and that this dispute has been referred to the Polk County Bar Association Attorney Fee Arbitration Committee in accordance with the Official Rules for the Arbitration of Disputes thereof, copies of which have been provided the parties hereto, and which Rules are by this reference incorporated herein as though set forth in full.

Client Signature

Attorney Signature

Date: _____

Date: _____

Client Mailing Address:

Attorney Mailing Address:

Client Daytime Phone Number:

Attorney Daytime Phone Number:

(_____) _____

(_____) _____