

APPLICATION FOR FEE MEDIATION

Please type (or print clearly).

File No. _____

1. Contact Information (Applicant)

Mr. Name _____

Ms. Address _____

City _____ Postal Code _____

Business telephone _____ Fax _____

Home telephone (optional) _____ Email _____

2. Contact Information (Respondent) — Lawyer or Client

Mr. Name _____

Ms. Address _____

City _____ Postal Code _____

Business telephone _____ Fax _____

Home telephone (optional) _____ Email _____

3. Amount in Dispute

The *amount* of the fee in dispute is \$ _____
(do not enter the total fee billed unless the entire
fee is disputed)

Total fee charged \$ _____

Total disbursements charged \$ _____

7. Explain what attempts you have made, if any, to resolve the dispute.

8. Has this bill been reviewed by a Registrar?

Yes No

Date _____ 20 _____ Signature _____