Application



Fee Mediation

845 Cambie Street, Vancouver, BC, Canada V6B 4Z9 t 604.669.2533 | toll-free 1.800.903.5300 f 604.687.0135 | TTY 604.443.5700 lawsociety.bc.ca

PART A: Applicant contact information				
Salutation Mr Mrs Ms Miss				
Given Name(s)		Surname		
Street				
City	Province/State		Postal/ZIP code	
Telephone (home)	(work)			
Fax		Email		
PART B: Respondent contact information				
☐ Lawyer or ☐ Client				
Salutation Mr Mrs Ms Miss				
Given Name(s)		Surname		
Street				
City	Province/State		Postal/ZIP code	
Telephone (home)		(work)		
Fax		Email		
PART C: Form of mediation				
☐ In person				
Zoom (must have phone or high speed internet connection, speakers and web cam capabilities)				
PART D: Amount in dispute (must be between \$1,000 and \$35,000)				
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				
PART E: Date(s) and file number(s) of bill(s) in dispute				
Date		File No.		

DM3876490

Updated: 18-Jan-23

Law Society of British Columbia App	lication: Fee Mediation
PART F: Area of law	
PART G: Details of the fee dispute	
Be factual. Give a brief description of what has taken place and on what dates. If you like, use point fo copies of any relevant documents, including copy or copies of the bill(s) in question.	rm. Also, provide
Explain what attempts you have made, if any, to resolve the dispute.	
explain what attempts you have made, if any, to resolve the dispute.	
Has the bill been reviewed by a Registrar?	

The information on this form is collected under authority of Rule 3-5(9) of the Law Society Rules and the Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165, s. 26(c). The information provided will be used for the mediation of your fee dispute. If you have any questions about the collection and use of this information, contact the Complaints Officer, Law Society of British Columbia, 8th Floor, 845 Cambie Street, Vancouver, BC V6B 4Z9, Telephone 604.669.2533.

Signature of applicant

Date