

CONSENT TO ARBITRATION

FDC File No.: _____

PARTY COMPLAINANT: _____

PARTY RESPONDENT: _____

I, _____, BY EXECUTION AND DELIVERY OF THIS **CONSENT TO ARBITRATION**, AGREE TO SUBMIT ALL MATTERS PERTAINING TO A DISPUTE OVER ATTORNEY'S FEES, COSTS, AND EXPENSES (HEREINAFTER "FEES") BETWEEN MYSELF AND _____

_____, TO FINAL AND BINDING ARBITRATION BEFORE AN ARBITRATION PANEL APPOINTED BY THE CHAIRPERSON OF THE FEE DISPUTE COMMITTEE (FDC) OF THE HOUSTON BAR ASSOCIATION. I UNDERSTAND THAT ONCE ALL PARTIES TO THE FEE DISPUTE HAVE TIMELY CONSENTED TO ARBITRATION I MAY NOT WITHDRAW FROM ARBITRATION WITHOUT MUTUAL WRITTEN AGREEMENT AND CONSENT OF ALL PARTIES. I ALSO UNDERSTAND THAT SUBMISSION TO THE FDC WILL PROBABLY RESULT IN A WAIVER OF THE ATTORNEY-CLIENT RELATIONSHIP HERETOFORE EXISTING BETWEEN THE PARTIES TO THIS FEE DISPUTE. I UNDERSTAND THAT THE ATTORNEYS INVOLVED IN THIS FEE DISPUTE WILL, UNDER THE TEXAS DISCIPLINARY RULES OF PROFESSIONAL CONDUCT, BE ENTITLED TO DISCLOSE CONFIDENTIAL INFORMATION TO THE EXTENT REASONABLY NECESSARY TO ENFORCE A CLAIM OR ESTABLISH A DEFENSE, TO RESPOND TO ALLEGATIONS CONCERNING THE ATTORNEY'S REPRESENTATIONS, TO DEFEND AGAINST A CLAIM OF WRONG CONDUCT. I UNDERSTAND THAT THE DECISION AND AWARD OF THE ARBITRATION PANEL WILL BE FINAL, BINDING, WILL RESOLVE ALL CONTROVERSIES, ISSUES, COMPLAINTS, AND COUNTER-COMPLAINTS (WHETHER RAISED OR NOT) BETWEEN THE PARTIES CONCERNING THE FEE DISPUTE AND MAY BE ENFORCED AS A JUDGMENT BY EITHER PARTY IN A COURT COMPETENT JURISDICTION WITHOUT FURTHER EVIDENTIARY PROCEEDINGS.

I HAVE RECEIVED, READ AND UNDERSTAND, THE RULES AND REGULATIONS OF THE FDC AND AGREE TO BE GOVERNED AND BOUND BY SAID RULES AND REGULATIONS IN ALL ARBITRATION PROCEEDINGS. I AGREE THAT NOTICE TO ME OF ALL MATTERS PERTAINING TO THE ARBITRATION PROCEEDINGS SHALL BE DEEMED EFFECTIVE IS SENT TO ME BY U.S. MAIL, POSTAGE PREPAID, TO THE ADDRESS AND/OR BY TELLECOPIER LISTED BELOW. SAID ADDRESS AND TELECOPIER NUMBER SHALL BE EFFECTIVE UNTIL SUCH TIME AS I GIVE WRITTEN NOTICE OF A CHANGE OF ADDRESS AND/OR TELECOPIER NUMBER TO THE CHAIRMAN OF THE FEE DISPUTE COMMITTEE.

EXECUTED AND SIGNED ON THIS _____ DAY OF _____, _____.

SIGNATURE

ADDRESS

CITY, STATE, ZIP

TELEPHONE

TELECOPIER

RETURN FORM TO:

HOUSTON BAR ASSOCIATION
1001 Fannin, Suite 1300
Houston, TX 77002