**LOCAL BANKRUPTCY FORM 2016-2(b)**

**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IN RE:** |  |  | |  |
| **Enter text** |  | **CHAPTER:** | **Enter text** | |
|  | **Debtor(s)** | **CASE NO.** | **- -bk-** | |

**APPLICATION OF ATTORNEY FOR CHAPTER 13 DEBTOR**

**FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES**

*(Name of applicant)* **Enter text** applies for approval of compensation as Chapter 13 Debtor(s)’ counsel and for reimbursement of expenses pursuant to 11 U.S.C. § 330 as follows:

1. Applicant is counsel for Debtor(s) **Enter text**.

1. Debtor(s) filed a petition for bankruptcy relief on **Select date** *(date)*.
2. Applicant previously filed a Disclosure of Compensation of Attorney for Debtor(s) pursuant to Fed. R. Bankr. P. 2016(b), which is attached as Exhibit “A” to this Application.
3. This Application is **Enter text** *(state whether an interim or final application)*.
4. (*Check all applicable items*)

a. Debtor(s)’ Chapter 13 Plan was confirmed on **Select date** *(date)*.

b. The order approving the last post-confirmation modification on Debtor(s)’ confirmed Chapter 13 plan was entered on **Select date** *(date)*.

c. Debtor(s) have not confirmed a Plan.

1. The dates and amounts of previous compensation paid are:
   1. as a retainer **Enter text** *(list dates and amounts)*;
   2. paid by the Chapter 13 Trustee through a confirmed Plan **Enter text** *(list dates and amounts)*;
   3. other **Enter text** *(describe source, amount and date paid)*.
2. Compensation previously approved by the Court following the filing of an interim Application are: **Enter text** *(dates and amounts)*.
3. If Applicant has not agreed with Debtor(s) to accept the Presumptively Reasonable Fee (“PRF”), or is filing a supplemental fee application, Applicant requests compensation in the amount of $**Enter text** and reimbursement of expenses in the amount of $ **Enter text** for the period of **Select date** to **Select date**. A chronological listing of services performed and itemization of expenses for which reimbursement is requested for this time is attached as Exhibit “B” to this Application.
4. Legal services were performed by all professionals at the hourly rates set forth at the beginning of the chronological listing of services provided on Exhibit “B.”
5. *(Check one)*

Debtor(s) have reviewed this Application prior to its filing and have approved the requested amounts.

Debtor(s) have reviewed this Application prior to its filing and have not approved the requested amounts.

Debtor(s) have not reviewed this Application prior to its filing.

Debtor(s) have not approved the requested amounts.

1. Objections are pending to the following prior fee applications: (*list date application was filed and name of objector, if no objections pending state “none”*).

**Enter text**.

WHEREFORE, your Applicant respectfully requests this Honorable Court to approve the requested compensation in the amount of $ **Enter text** and reimbursement of expenses in the amount of $ **Enter text** pursuant to 11 U.S.C. § 330, and if this is a Final Fee Application, to determine that all prior interim orders are final.

|  |  |
| --- | --- |
| Dated: **Select** **date** | **Enter text** |
|  | Applicant’s Signature |