

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

In re: \_\_\_\_\_ )  
\_\_\_\_\_ ) Case No.  
Debtor(s). \_\_\_\_\_ ) Hearing Date:



ATTORNEY'S APPLICATION FOR COMPENSATION FOR REPRESENTING CHAPTER 13 DEBTOR(S)

The undersigned attorney seeks compensation pursuant to 11 U.S.C. §330(a)(4)(B) for representing the interests of the debtor(s) in this case.

Use of Model Retention Agreement:

- The attorney and the debtor(s) have entered into the Court's Model Retention Agreement.
- The attorney and the debtor(s) have not entered into the Court's Model Retention Agreement.

Dismissal of prior case

- A Chapter 13 case of the debtor or debtor's spouse was dismissed within one year of this case filing.

Fees in prior case(s):  The attorney has not represented the debtor(s) in any prior bankruptcy case.

The attorney has represented the debtor(s) in prior bankruptcy cases as follows:

- Case no. \_\_\_\_\_ Chapter \_\_\_\_ Plan confirmed?  Yes  No Fees paid \$ \_\_\_\_\_
- Case no. \_\_\_\_\_ Chapter \_\_\_\_ Plan confirmed?  Yes  No Fees paid \$ \_\_\_\_\_
- Case no. \_\_\_\_\_ Chapter \_\_\_\_ Plan confirmed?  Yes  No Fees paid \$ \_\_\_\_\_

Fees sought in present case:

- \$ \_\_\_\_\_, for services through plan confirmation.
- \$ \_\_\_\_\_, for services through case closing.
- \$ \_\_\_\_\_, for services after plan confirmation.

Expense reimbursement:

- \$ \_\_\_\_\_, for filing fee.
- \$ \_\_\_\_\_, for expenses **itemized on the attached sheet.**

Total reimbursement requested: \$ \_\_\_\_\_.

Payment received directly from debtor:  None  \$ \_\_\_\_\_.

Compensation previously awarded in this case:  None

a total of \$ \_\_\_\_\_, pursuant to order(s) entered on the following dates:  
\_\_\_\_\_.

Plan payments: \$ \_\_\_\_\_ for \_\_\_\_\_ months.

Secured debt:  None  home mortgage(s) in default  motor vehicle loans  
 Other: \_\_\_\_\_.

Unsecured debt: \_\_\_\_\_ No. of claims: \_\_\_\_\_ Total amount: \_\_\_\_\_  
To be paid under plan \_\_\_\_\_ %

Professional time expended: \_\_\_\_\_ attorney hours; \_\_\_\_\_ paraprofessional hours.

Itemization of time:  Not Submitted  Attached to this application.

Hourly rates: \$ \_\_\_\_\_ attorney; \$ \_\_\_\_\_ paraprofessional.

Date of Application: \_\_\_\_\_ Attorney's signature: \_\_\_\_\_  
[Typed name] [Firm name, address, phone #]