UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

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

ATTORNEY'S APPLICATION FOR COMPENSATION FOR REPRESENTING CHAPTER 13 DEBTOR(S)
(Use for cases filed prior to 5/1/07)

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, using ☐ Option A (flat fee for services through confirmation)
☐ Option B (flat fee for services through case closing).
☐ The attorney and the debtor(s) have not entered into the Court's Model Retention Agreement.

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: $_____, Expenses must be detailed on an attached sheet.

Provide a separate entry for each expense stating the nature of the expense, date incurred, and total charge. Entries for photocopying must include the charge per page.

Payment received directly from debtor: ☐ None ☐ $ _____.

Compensation previously awarded: ☐ 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, Bar ID]
[Firm name, address, phone #]

Form No. 23, revised 05/09/06