

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re) Case No. _____
)
) APPLICATION TO EMPLOY ATTORNEY,
Debtor(s)) ATTORNEY CERTIFICATION,
) **AND ORDER THEREON**

The undersigned trustee applies to employ _____,
OSB# _____, whose address is _____,
as attorney to assist in the estate's administration, and certifies that:

- (1) The proposed method of compensation (e.g., hourly rate) and, if relevant, the attorney's present rate of compensation is:

- (2) The trustee estimates that the total legal fees for all of the services to the estate will be \$_____. If the estimate is \$15,000 or greater the trustee represents that proposals to provide the services were solicited from at least two different firms and such proposals were considered in view of the trustee's fiduciary duty to economically administer the estate.

- (3) The trustee will require the assistance of said attorney to provide the following legal services:
 - (A) Discrete Matters (for each matter describe the matter and the potential benefit to the estate).

(B) To provide incidental legal services to the trustee regarding the administration of the estate. Fees for said services shall not exceed the greater of \$1,000 or 10% of the total compensation requested by said attorney.

(4) The trustee selected said attorney because:

(5) To the best of the trustee's knowledge said attorney has no connections with the entities listed in the verification below, except as described therein.

(6) This application was either sent to, or filed with, the court on the date shown in the certification below.

DATE: _____

Trustee

I, the attorney named above, verify that I will be the trustee's attorney of record; I have read 11 U.S.C. §101(14) and §327, and FRBP 2014(a); and my firm has no connections with the debtor(s), creditors, U.S. Trustee, Asst. U.S. Trustee, any employee of either the U.S. Trustee or Asst. U.S. Trustee, any District of Oregon Bankruptcy Judge, any other party in interest, or their respective attorneys or accountants, except as follows:

DATE: _____

Attorney at Law

Type or Print Name/OSB #

THE UNDERSIGNED, _____, CERTIFIES THAT ON _____ THIS APPLICATION WAS EITHER SENT TO, OR FILED WITH, THE COURT.

SIGNATURE

IT IS ORDERED that employment of the above named attorney is authorized retroactively to the date in the certification above upon which the application was either sent to, or filed with the court, as certified above; that compensation of said attorney shall be authorized upon compliance with local procedures and subject to review pursuant to 11 U.S.C. §330.

###