

Attorney/Party Name, Address, Phone, Fax, E-mail:	For court use only
<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII</b>	Case No.
In re:  Debtor(s).	Chapter  Related Docket No.: <i>[if application filed separately]</i>

**LBR 2016-1(b) SUMMARY SHEET**

Application for Compensation / Expenses:		Interim _____ (1 <sup>st</sup> , 2 <sup>nd</sup> , etc.)		Final
Applicant:				
Capacity:				
Date of Order Authorizing Employment:				
Period for this Request <i>[e.g., 1/1/2000 - 12/31/2002]</i>				
Amt Rec'd Prepetition:	\$	Client Trust Acct Balance:	\$	
Previous Amounts Awarded by Court:		Fees: \$	Expenses: \$	
Previous Amounts Received:		Fees: \$	Expenses: \$	
<b>Current Request (including any Hawaii excise taxes):</b>		<b>Fees: \$</b>	<b>Expenses: \$</b>	
Availability of Funds - Applicant believes that there are sufficient funds to pay this request and all other accrued and anticipated administrative expenses:			Yes	No
Professional	Position	Hourly Rate	Hours	Fees
				\$
				\$
				\$
				\$
				\$
				\$

*[Attach additional pages as necessary.]*

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant