

**Mont. LBF 17. Application for Professional Fees and Costs.**

Name of Attorney  
 Address  
 Phone Number  
 (Attorney for \_\_\_\_\_)  
 State Bar I.D. Number \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
 FOR THE DISTRICT OF MONTANA

In re \_\_\_\_\_ ) Case No.  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Debtor(s). \_\_\_\_\_ )

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\* APPLICATION FOR PROFESSIONAL FEES AND COSTS  
 (\* Indicate whether Interim or Final Application)

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The undersigned professional hereby makes application for approval of an award of fees in the amount of \$ \_\_\_\_\_ and costs in the amount of \$ \_\_\_\_\_, and in support of this application respectfully represents:

1. This case was commenced on \_\_\_\_\_.
2. Applicant filed an application for appointment as \_\_\_\_\_ (describe profession) for \_\_\_\_\_ (describe identity of party represented; e.g., estate/debtor-in- possession/committee of unsecured creditors) on \_\_\_\_\_.
3. An order appointing applicant was entered by the Court on \_\_\_\_\_.
4. Professional services were commenced on \_\_\_\_\_.
5. This application is the \_\_\_\_\_ (1st, 2nd, etc.) application filed by applicant in this proceeding, and the following is a complete schedule of all prior applications submitted to the Court for approval:

<u>Date Filed</u>	<u>Amount Requested</u>	<u>Date Approved</u>	<u>Amount Approved</u>
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Total Amount Previously Approved: \$ \_\_\_\_\_

6. To date, applicant has received as compensation the following amounts from the following sources:

<u>Date Received</u>	<u>Amount Received</u>	<u>Source of Payment</u>
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Total Amount Received: \$ \_\_\_\_\_

7. This application is based on the performance of professional services by the following individuals at the rates and for the number of hours described below:

<u>Individual</u>	<u>Total Hours</u>	<u>Hourly Rate</u>	<u>Compensation</u>
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Total Compensation Requested: \$ \_\_\_\_\_

8. The compensation requested is based on the customary compensation charged by comparably skilled practitioners in cases other than cases under the Bankruptcy Code. (If not, state the reason for any deviation from such standard.)

9. Applicant certifies that none of the compensation or reimbursement for costs applied for in this application will be shared with any entity in violation of 11 U.S.C. § 504.

10. Attached are complete time records detailing each service performed by date, description, and the number of hours expended, under the appropriate project categories (if applicable under Mont. LBR 2016-1), for which compensation is requested.

11. Attached is a complete accounting for all costs incurred for which reimbursement is requested.

12. The amount of costs were computed utilizing the following methods of allocation:

(Example)  
(Copies are charged at the rate of \$.10 each.)  
(Long distance calls are charged at actual cost.)  
(Mileage is charged at federal allowed per mile rate.)

13. In addition to the payments already received, applicant has been promised the following payment for services in connection with this case:

Amount Promised

Identity of Promisor

Conditions/Terms

14. Case Status: (Insert relevant information required by Section II.B of the United States Trustee Guidelines, as set forth in the Appendix to the Montana Local Bankruptcy Rules.)

15. \_\_\_\_\_ (Name of person on whose behalf applicant is employed) has been given the opportunity to review this application and [approves/does not approve] the requested amount.

WHEREFORE, applicant prays that this Court enter an Order awarding applicant reasonable professional fees in the amount of \$ \_\_\_\_\_ and reimbursement of costs and expenses in the amount of \$ \_\_\_\_\_.

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_.

By: \_\_\_\_\_  
Applicant

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#### CERTIFICATE OF SERVICE

(Must comply with Mont. LBR 9013-1(c), by reflecting the name and address of each party served, and by being signed “under penalty of perjury.”)