

Mont. LBF 1. Application to Approve Employment of Professional; and Affidavit.

Name of Trustee/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).)

APPLICATION TO APPROVE EMPLOYMENT OF PROFESSIONAL; AND AFFIDAVIT

The Application of (Trustee or Debtor-In-Possession) respectfully represents:

1. On the ____ day of _____, 200_, debtor filed a petition herein under Chapter ____ of the Bankruptcy Code.
2. (Trustee or Debtor-In-Possession) wishes to employ (name of person to be employed) as (capacity in which person is to be employed).
3. Applicant has selected (name of person to be employed) for the following reasons: (state reasons for the selection).
4. The professional services that (name of person to be employed) is to render include: (state services to be rendered.)
5. To the best of Applicant’s knowledge, (name of person to be employed) has no connection with the creditors, or any other party in interest, or their respective attorneys and accountants, the United States Trustee, or any person employed in the office of the United States Trustee, and is a “disinterested person” as defined in 11 U.S.C. 101(14) except: (State any exceptions.)

6. The terms of employment of (name of person to be employed), agreed to by the (trustee or debtor-in-possession), subject to the approval of the court are: (State terms of employment, to include but not limited to the name and hourly rate of each professional to be employed; the name and hourly rate of each paraprofessional which may perform services; and the amount of any retainer paid.)

7. (Name of person to be employed) represents no interest adverse to (trustee or debtor-in-possession) or the estate in the matters upon which (he/she/it) is to be engaged, and (his/her/its) employment would be in the best interest of this estate.

WHEREFORE, (trustee or debtor-in-possession) prays that (his/her/its) employment of (name of person to be employed) under the terms specified be approved by the Court.

Dated this ____ day of _____, 200_.

Name of Trustee/Attorney

AFFIDAVIT OF PROPOSED PROFESSIONAL

STATE OF MONTANA)
 :
County of _____)

(Name of person to be employed), being duly sworn upon his/her oath, deposes and states:

1. I am (capacity of person to be employed and association with firm, if appropriate).

2. I (and firm of which professional is a member, if appropriate) have no connections with the debtor, creditors, or any other party in interest, their respective attorneys and accountants, the United States Trustee, or any person employed in the office of the United States Trustee; and I (and firm of which professional is a member, if appropriate) am a “disinterested person” as defined in 11 U.S.C. § 101(14). [State any exceptions.]

3. I (and firm of which professional is a member, if appropriate) represent no interest adverse to the debtor, or the estate in the matters upon which I (and firm of which professional is a member, if appropriate) am to be engaged.

4. I have received a general retainer in the amount of \$ _____, which shall not be used to pay my compensation or for reimbursement of my expenses without prior approval of this Court.

Signature

Subscribed and sworn to before me this ____ day of _____, 200_.

(Notary Seal)

Notary Public for the State of Montana

Residing At: _____

My Commission Expires: _____