

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

In re ) Case No. \_\_\_\_\_  
 )  
 )  
 ) APPLICATION FOR CH. 7 OR 11  
 ) \*INTERIM/FINAL (Strike One)  
 ) PROFESSIONAL COMPENSATION  
 )  
 Debtor(s) )

The applicant, \_\_\_\_\_, (if applicable) by and through the undersigned whose OSB # is \_\_\_\_\_, has either performed professional services as a(n) \_\_\_\_\_ or is seeking reimbursement as a secured creditor for the following professional services (describe) \_\_\_\_\_ on behalf of \_\_\_\_\_.

Pursuant to 11 USC §§330, 331, or 506(b) and either LBR 2016-1. or G.O. #97-1, applicant applies for interim/final (Strike One) compensation in this chapter 7 or 11 case and also certifies the following is true and correct:

1. The professional has received, or the secured creditor has paid and/or seeks reimbursement of, the following pre-filing compensation in connection with this case (indicate date, amount, payor, payor's relation to case, and description of all monies and any other consideration received):

2. **\*\*[Unless this is a Final Application]** No other applications for compensation have been filed during this hearing trimester. This application covers the time period from \_\_\_\_\_ through \_\_\_\_\_.

3. Applicant requests allowance of compensation for: Professional Services of \$ \_\_\_\_\_; Expenses of \$ \_\_\_\_\_; for a Total of \$ \_\_\_\_\_.

4. [If applicable] Applicant was appointed by court order entered on \_\_\_\_\_, per an Application for Employment filed on \_\_\_\_\_. The employment order did not specify a rate of compensation except as follows: \_\_\_\_\_.

5. Applicant's prior requests for compensation in this case are as follows:

<u>Date of Application</u>	<u>Amount Requested</u>		<u>Amount Allowed</u>		<u>Amount Received</u>		<u>Payment Source</u>
	Fees	Expenses	Fees	Expenses	Fees	Expenses	

TOTALS:    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

6. The professional has not shared or agreed to share any compensation received or to be received for services rendered in connection with this case with the exception of regular members of Applicant's firm.

\*See LBR 2016-1.

7. The rate of compensation, number of hours and requested fee for each person included in this application are summarized as follows:

<u>Timekeeper (name &amp; initials)</u>	<u>Title</u>	<u>Hourly Rate</u>	<u>Number Of Hours</u>	<u>Requested Fee</u>
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8. [Schedules A, B & C apply only if compensation is sought under 11 USC §§330 or 331] Attached and incorporated herein by reference are the following schedules (check those that apply):

\_\_\_\_\_ Schedule A - A narrative summary of services provided including total hours and resulting benefits to the estate of each activity category. [Preferred, but only mandatory if application exceeds \$2,000.]

\_\_\_\_\_ Schedule B - [If this is the First Application for Compensation] A brief narrative and itemization detailing all case-related PRE-PETITION fees. [Itemization mandatory; narrative mandatory if compensation requested exceeds \$2,000.]

\_\_\_\_\_ Schedule C - An itemized billing setting forth a description of each event, including the date, amount of time spent, and name of the person performing each event. [Mandatory.]

\_\_\_\_\_ Schedule D - [If compensation is sought under 11 USC §506(b)] An itemized billing of the professional's fees.

9. Applicant requests the following expense reimbursement: a. A total of \$\_\_\_\_\_ for expenses that fall within the limits of LBR 2016-1.C. (no itemization required); AND b. Other (describe each in detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signer's Name, Relation to Applicant, and Phone #

\_\_\_\_\_  
Address

[\*NOTE: - ADDITIONAL ITEMS required IF this is an INTERIM compensation application: (1) Certificate of service showing service of this application and any attachments on the debtor, U.S. Trustee, Trustee, any creditor's committee and their respective attorneys; (2) Proposed Notice of Intent to Compensate Professional(s) on LBF #753.40; and (3) Current Interim Report on either LBF #753 for Chapter 7 cases or LBF #1153 for Chapter 11 cases.]