

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

In re ) Case No. \_\_\_\_\_  
)  
) [ONLY FOR CHAPTER 13 CASES]  
) DEBTOR'S ATTORNEY'S DISCLOSURE  
) OF COMPENSATION AND ANY  
) EMPLOYMENT AGREEMENT, AND  
) APPLICATION FOR COMPENSATION,  
Debtor(s) ) UNDER 11 USC §329 AND FRBP 2016(b)

Debtor's attorney, \_\_\_\_\_, whose OSB# is \_\_\_\_\_, hereby discloses compensation paid or to be paid in the above referenced case. Debtor and debtor's attorney have agreed to attorney compensation (i.e., both fees and costs), and HAVE/HAVE NOT (~~STRIKE ONE~~) entered into an employment agreement. A copy of the employment agreement, if any, is attached hereto. Debtor(s), acting by and through their undersigned counsel, apply to the court for an order authorizing compensation of debtor's counsel as follows [MARK ONE SCHEDULE]:

\_\_\_\_\_SCHEDULE 1: The total compensation request is \$\_\_\_\_\_ (\$2500 maximum). This amount represents all compensation for the ENTIRE LIFE OF THE CASE except for appeals or any adversary proceeding. Debtor's attorney received \$\_\_\_\_\_ at or before filing, and the balance of \$\_\_\_\_\_ will be paid through the plan as funds are available.

\_\_\_\_\_SCHEDULE 2: Debtor and debtor's attorney have agreed, regarding all services rendered THROUGH CONFIRMATION OF THE PLAN PLUS THE INITIAL AUDIT OF CLAIMS, upon either (MARK one):

- \_\_\_(a) a flat fee (i.e., requiring no itemization) of \$\_\_\_\_\_ (\$1250 maximum); or
- \_\_\_(b) an estimated total fee of \$\_\_\_\_\_. Time records must be kept for all work performed both "pre" and "post" petition. Such records may be requested by the court at any time, and must show the time and rate applied to each service rendered. If the estimated fee is \$1750 or greater, an itemized statement showing the time and hourly rate applied to each service rendered shall also be filed with the court not less than one week prior to the final confirmation hearing. \$\_\_\_\_\_ of the total fees in this SCHEDULE 2 have been paid, leaving a balance of \$\_\_\_\_\_ to be paid through the plan as funds are available.

**[IMPORTANT]:**

1. No additional compensation requests will be granted if SCHEDULE 1 is selected, or after a final application is filed if SCHEDULE 2 is selected.
2. Supplemental applications for compensation in excess of the estimated total compensation disclosed above: (a) may only be filed if SCHEDULE 2 is selected; (b) will not be considered unless the application is clearly marked as a final compensation application, or unless the supplemental compensation requested is more than \$250 AND at least 6 months have expired since the filing of the case or since the filing of any earlier application; AND (c) shall be filed using LBF #1307, including an itemization of all services previously performed for which no previous itemization and application has been filed.]

I certify there is no agreement to share compensation with any other person, other than a member or regular associate of my attorney firm, except as follows (provide details): \_\_\_\_\_  
\_\_\_\_\_

I further certify that on \_\_\_\_\_ a copy of this document was served on the debtor(s), trustee, and U.S. Trustee.

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

\_\_\_\_\_  
Debtor's Attorney