

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF WYOMING

In re _____)
 _____)
 _____) Case No. _____
 _____) Chapter ____
 _____)
 Debtor(s). _____)

COVER SHEET FOR APPLICATION FOR PROFESSIONAL COMPENSATION

N a m e o f A p p l i c a n t

D a t e o f O r d e r A u t h o r i z i n g E m p l o y m e n t

P e r i o d f o r w h i c h c o m p e n s a t i o n i s s o u g h t

A m o u n t o f f e e s s o u g h t

A m o u n t o f e x p e n s e r e i m b u r s e m e n t s o u g h t

Total hours billed and applicable billing rate for each person requesting fees as part of this application:

Name	Rate	Hours	Total Requested
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_____	_____	_____	_____
_____	_____	_____	_____

Interim Application [] Final Application []

If this is not the first application filed, disclose as to all prior fee applications:

Date Filed	Period Covered	Total Requested (Fees & Expenses)	Total Allowed
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_____	_____	_____	_____
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The aggregate amount of fees and expenses paid to the applicant to date for services rendered and expenses incurred is: \$_____

Dated _____

Applicant _____