UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF MISSOURI

\_\_\_\_\_\_\_\_\_\_\_\_DIVISION

In re DEBTOR NAME )

) Case No. \_\_\_ - \_\_\_\_\_\_ - \_\_\_\_

) Chapter \_\_\_\_

)

Debtor(s). ) Response Due: \_\_\_\_\_\_\_\_\_

**SUMMARY & NOTICE OF APPLICATION FOR COMPENSATION**

**AND REIMBURSEMENT OF EXPENSES**

**THIS REQUEST SEEKS AN ORDER THAT MAY ADVERSELY AFFECT YOU. IF YOU OPPOSE THE REQUEST, YOU SHOULD IMMEDIATELY CONTACT THE MOVING PARTY TO RESOLVE THE DISPUTE. IF YOU AND THE MOVING PARTY CANNOT AGREE, YOU MUST FILE A RESPONSE AND SEND A COPY TO THE MOVING PARTY. YOU MUST FILE AND SERVE YOUR RESPONSE WITHIN 21 DAYS OF THE DATE THIS WAS SERVED ON YOU. YOUR RESPONSE MUST STATE WHY THE REQUEST SHOULD NOT BE GRANTED. IF YOU DO NOT FILE A TIMELY RESPONSE, THE RELIEF MAY BE GRANTED WITHOUT FURTHER NOTICE TO YOU. IF YOU OPPOSE THE REQUEST AND HAVE NOT REACHED AN AGREEMENT, YOU MUST ATTEND THE HEARING, THE DATE OF WHICH WILL BE SENT TO YOU IF YOU FILE A RESPONSE. UNLESS THE PARTIES AGREE OTHERWISE, THE COURT MAY CONSIDER EVIDENCE AT THE HEARING AND MAY DECIDE THE REQUEST AT THE HEARING.**

**REPRESENTED PARTIES SHOULD ACT THROUGH THEIR ATTORNEYS.**

1. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, filed an Application for Compensation and Reimbursement of Expenses for the period and amounts below:

A. Period covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

B. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fees for \_\_\_\_\_\_ hours of legal services;

C. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ expenses.

1. This application is: \_\_\_\_\_\_\_\_ interim \_\_\_\_\_\_\_\_ final

 The total time expended for fee application preparation is approximately \_\_\_\_ hours and the corresponding compensation requested is approximately $ \_\_\_\_\_\_\_\_\_\_.

 If this application is not the first application filed, the following information is provided for each prior application:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Requested | Approved | Paid |
| Date Filed | Period Covered | Fees | Expenses | Fees  | Expenses | Fees | Expenses |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

3. A. Original retainer: $ \_\_\_\_\_\_\_\_\_\_\_

* 1. Balance of retainer before this application: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. The complete Application for Compensation and accompanying time sheets are available through the United States Bankruptcy Court and are available without charge by contacting the applicant. If objections are filed, the applicant will set the Application for Compensation for hearing and provide notice of hearing. If no objections are filed, the Court may rule on the matter from the pleadings.

/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attorney Name, Fed. & State Bar #

 Attorney for Movant/Debtor

 Address

 City, State, Zip Code

 Phone: Fax:

 e-mail:

**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of the foregoing document was filed electronically on the \_\_ day of \_\_\_\_ 20\_\_, with the United States Bankruptcy Court, and has been served on the parties in interest via e-mail by the Court's CM/ECF System as listed on the Court's Electronic Mail Notice List.

 I certify that a true and correct copy of the foregoing document was filed electronically with the United States Bankruptcy Court, and has been served by Regular United States Mail Service, first class, postage fully pre-paid, addressed to the parties listed below on the \_\_\_ day of \_\_\_\_\_\_\_, 20\_\_.

 /s/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney Name, Fed. & State Bar #

 Attorney for Movant/Debtor

 Address

 City, State, Zip Code

 Phone: Fax:

 e-mail