UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF MISSOURI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division

In re DEBTOR NAME )

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

) Chapter 11

Debtor(s). )

) Response/Objection Due:\_\_\_\_\_\_\_\_\_\_

) Hearing Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

) Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

) Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE OF HEARING AND**

**SUMMARY OF APPLICATION FOR COMPENSATION**

**AND REIMBURSEMENT OF EXPENSES**

**PLEASE TAKE NOTICE**: **The Application for Compensation summarized herein is scheduled for hearing at the date and time shown above.**

**WARNING: Any response or objection must be filed with the Court by the Response/Objection date shown above. A copy must be promptly served upon the undersigned. Failure to file a timely response may result in the Court granting the relief requested prior to the hearing date.**

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, 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.

/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 \_\_\_\_ 2020, 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 to the parties listed below on the \_\_\_ day of \_\_\_\_\_\_\_, 2020.

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

Attorney Name, Fed. & State Bar #

Attorney for Movant/Debtor

Address

City, State, Zip Code

Phone: Fax:

e-mail