|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fill in this information to identify your case** | | | | | |
| **UNITED STATES BANKRUPTCY COURT DISTRICT OF COLORADO** | | | | | |
| Debtor 1: |  |  |  | Case #: |  |
|  | First Name | Middle Name | Last Name |  | 13 |
| Debtor 2: |  |  |  | Chapter: |
|  | First Name | Middle Name | Last Name |  |  |

**Local Bankruptcy Form** **2016-3.1**

**Chapter 13 Long Form Fee Application**

**Complete applicable sections and check applicable boxes.**

|  |  |
| --- | --- |
| Part 1 | **Summary** |

Pursuant to 11 U.S.C. § 330, Applicant, **[law firm]**, attorney for the debtor, requests allowance of the following fees and reimbursement of out-of-pocket expenses incurred for all reasonably necessary and appropriate services rendered up to the date of confirmation as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Total fees requested in this application: |  | $ |
| 2. | Total expenses requested in this application: | + | $ |
|  | (Total fees and expenses requested) | = | $ |
| 3. | Amount paid to date (exclusive of the filing fee) | – | $ |
| 4. | Net amount of fees and expenses to be paid through confirmed plan not to exceed amount funded by the plan | = | $ |

|  |  |
| --- | --- |
| Part 2 | **Fees** |

Amount of fee Applicant agreed to with debtor for performing services to represent the debtor in this case:

|  |  |
| --- | --- |
| amount disclosed in 2016(b) disclosure | $ |
| amount disclosed in *amended* 2016(b) disclosure | $ |

1. This agreed upon fee represents:

|  |  |
| --- | --- |
|  | a flat fee for all services in the case; |
|  | hourly charges based upon time spent; and/or |
|  | other fee arrangement based upon: **[specify terms]**. |

1. Applicant’s rate for attorney services is $ **[amount]**/hour; the rate for associate attorney services is $ **[amount]**/ hour; and the rate for paralegal services is $ **[amount]**/hour.

|  |  |
| --- | --- |
| Part 3 | **Expenses** |

Amount of Expenses Incurred:

|  |  |  |
| --- | --- | --- |
| Copies: | **[number of copies]** @ **[amount]**/copy | $ |
| Postage: |  | $ |
| Legal research: |  | $ |
| Facsimile: |  | $ |
| Other (specify) |  | $ |
| Total: |  | $ |

|  |  |
| --- | --- |
| Part 4 | **Applicant’s Certifications in Support of Long Form Fee Application** |

Applicant Certifies/Attests that:

|  |  |
| --- | --- |
|  | I have performed and will continue to perform all reasonably necessary and appropriate services during the pendency of the entire case consistent with L.B.R. 9010-1. |
|  | I am requesting a fee for services, which exceeds the presumptively reasonable fee amount referenced in L.B.R. 2016-3 and listed in the applicable Chapter 13 General Procedure Order, as amended from time to time. I acknowledge that any payment of fees in excess of the amount herein requires additional application and approval by the Court. |

|  |  |
| --- | --- |
| Part 5 | **Application Attachments** |

Attached to this Application are:

1. A narrative describing the services rendered in the case and the reasons why the Applicant seeks a fee in excess of the presumptively reasonable fee amount, such as results achieved, difficulties encountered or any other unique aspects of the case and discussing the standards of 11 U.S.C. § 330(a);
2. Detailed time records describing all individual services which include:
   1. the time spentfor each service rendered, broken out in tenths of an hour;
   2. the hourly ratefor each service rendered by the Applicant (and/or the hourly rate for Applicant’s associates or paralegals);
   3. the charge for each service rendered; and
   4. such other and further information as the Applicant believes is necessary to support allowance of the fee pursuant to 11 U.S.C. § 330(a).

|  |  |
| --- | --- |
| Part 6 | **Signature of Debtor’s Attorney** |

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney

Bar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_