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| --- |
| **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** **2016-3.4**

**Chapter 13 Supplemental 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:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total fees approved in prior application or through PRFA procedure: |  | $ |
| 1.
 | Total expenses approved in prior application or through PRFA procedure: | + | $ |
|  | Total fees and expenses previously approved by the Court (add line 1 and line 2) | = | $ |
|  | Total requested previously in this application  |  | $ |
|  | Total expenses requested in this application | + | $ |
|  | Total supplemental fees and expenses requested (add line 4 and line 5) | = | $ |
| 1.
 | Total fees and expenses requested or approved in all applications (add line 3 and line 6) | = | $ |
|  | Amount paid prior to filing (exclusive of the filing fee)  | – | $ |
| 1.
 | **Net** amount of fees and expenses to be paid through confirmed plan not to exceed amount funded by the plan (Line 7 less Line 8) | = | $ |

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

Amount of fees 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 Supplemental Form Fee Application** |

Applicant Certifies/Attests that:

|  |
| --- |
|[ ]  I have performed all reasonably necessary and appropriate services during the pendency of the entire case consistent with L.B.R. 9010-1, and previously obtained approval of fees and/or costs under the PRFA procedure or LFFA procedure as set forth in L.B.R. 2016-3. |
|[ ]  I am requesting a supplemental fee for services rendered post-confirmation which exceeds the previously approved fees under the PRFA or LFFA. |

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

Attached to this Application are:

1. A narrative describing the services rendered post-confirmation in the case and the reasons why the applicant seeks a fee in excess of the fees previously approved by the Court under the PRFA or LFFA, 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 spent for each service rendered, broken out in tenths of an hour;
	2. the hourly rate for 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).

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

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

 Signature of Attorney

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

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

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

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

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