|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** **2016-3.2**

**Notice of Chapter 13 Fee Application**

|  |  |
| --- | --- |
| Part 1 | **Objection Deadline** |

Objection Deadline: **[month/day/year]**

|  |  |
| --- | --- |
| Part 2 | **Notice of Chapter 13 Fee Application** |

NOTICE IS HEREBY GIVEN that the undersigned attorney for the debtor has applied to this Court or is intending to file a Chapter 13 **[Long/Supplemental]** Form Fee Application requesting fees and expenses as follows:

|  |  |
| --- | --- |
| Requested Fees: | $ |
| Requested Expenses: | $ |
| Previously Approved Fees/Expenses (if applicable): | $ |

A copy of the Chapter 13 **[Long/Supplemental]** Fee Application is attached, or is available on the Court’s docket.

Pursuant to L.B.R. 2016-3, if you oppose or object to the application, your objection and request for hearing must be filed on or before the objection deadline stated above, served on the movant at the address indicated below, and must state clearly all objections and any legal basis for the objections. The Court will not consider general objections.

If there is no objection, the Court may allow the fee as requested, order further supplementation or set the Chapter 13 Fee Application for hearing.

|  |  |
| --- | --- |
| Part 3 | **Signature of Debtor’s Attorney** |

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

Signature of Attorney

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

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

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

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

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