

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND**

IN RE:

*

Case No. _____

*

Chapter 13

*

Debtor

*

**NOTICE OF APPLICATION FOR SUPPLEMENTAL ALLOWANCE
OF ATTORNEY'S FEES**

Pursuant to Local Bankruptcy Rule 2002-1 of the Maryland Bankruptcy Rules, Notice is hereby given that:

1. An Application for Allowance of Attorney's Fees has been filed by the Debtor(s)' Counsel, (hereafter "Applicant").
2. The Application seeks fees of \$_____ for representation in legal matters made necessary by events which have occurred during the Chapter 13 proceedings.
3. Pursuant to the Local Bankruptcy Rules the Applicant has filed a Supplemental 2016(b) Disclosure Statement along with the Application describing the services rendered on behalf of the Debtor.
4. If the Court approves the Application, the Fees approved may be paid by the Chapter 13 Trustee as an administrative expense. Applicant avers the approval of the requested fees:

will not affect distribution to creditors under the plan

will affect distribution to creditors under the plan in the following manner:

_____.

5. Any objection to the Application must be filed within 21 days of the date of the Application with the Clerk, U.S. Bankruptcy Court for the District of Maryland, _____ (parties served by mail may add three (3) additional days to the response deadline), with a copy sent to the undersigned Counsel, the Chapter 13 Trustee, and shall state the factual and legal grounds on which it is based.

6. The Application may be approved without further Order or Notice if no timely objection is filed, and the Court, in its discretion, may conduct a hearing or determine the matter without a hearing regardless of whether an objection is filed.
7. Parties in interest with questions may contact the undersigned.

Date of Notice _____, 20__

Respectfully submitted,

\s\ Attorney _____
Attorney, Esquire
Firm, LLC
Address
Address
Address
Telephone

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 2016, I reviewed the Court's CM/ECF system and it reports that an electronic copy of the Notice of Application for Supplemental Allowance of Attorney's Fees will be served electronically by the Court's CM/ECF system on the following:

Name of Trustee, Chapter 7/13

Name of Attorney

Name of Attorney

I hereby further certify that on the _____ day of _____, 2016, a copy of the Notice of Application for Supplemental Allowance of Attorney's Fees was also mailed first class mail, postage prepaid to:

Name of Party
Address of Party
City, State Zip

Name of Party
Address of Party
City, State Zip

Name of Party
Address of Party
City, State Zip

Signature _____
[Type or print your name]