

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND**
at Choose an item.

In re:

_____,

Debtor.

Case Number: _____
Chapter 13

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

Pursuant to Local Bankruptcy Rule 2002-1, notice is hereby given that:

1. The debtor's attorney (hereafter "Applicant") filed an Application for Allowance of Supplemental Attorney's Fees.
2. The application seeks allowance of fees in the amount of \$_____ and expenses in the amount of \$_____ in connection with services rendered for the benefit of the debtor and the bankruptcy estate during this Chapter 13 case.
3. Pursuant to the Local Bankruptcy Rules, Applicant has filed a supplemental Federal Bankruptcy Rule 2016(b) Disclosure along with the application describing services rendered on behalf of the debtor.
4. If the Court approves the application, the approved fees and expenses may be paid by the Chapter 13 trustee as an administrative expense.
5. Applicant avers the approval of the requested fees and expenses:
☐ will not affect distribution to creditors under the plan
☐ will affect distribution to creditors under the plan in the following manner:

_____.

Any objection to the application must be filed within 21 days of the date of the application with the Clerk of the Bankruptcy Court (parties served by mail may add three (3) additional days to the this deadline), with a copy sent to the undersigned and 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: _____

Name of Attorney
Firm
Address
City, State Zip
Telephone Number
Email Address
Applicant

CERTIFICATE OF SERVICE

I hereby certify that, on the _____ day of _____, 20____, I reviewed the Court's CM/ECF system and it reports that an electronic copy of the Notice of Application for Allowance of Supplemental Attorney's Fees will be served electronically by the Court's CM/ECF system on the following:

Name of Chapter 13 Trustee

Name of Attorney

Name of Attorney

I hereby further certify that, on the _____ day of _____, 20____, a copy of the Notice of Application for Allowance of Supplemental Attorney's Fees was also mailed first class, postage prepaid, to:

Name
Address
City, State Zip

Name
Address
City, State Zip

Name
Address
City, State Zip

Name of Applicant