

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

at Choose an item.

In re:

_____,

Debtor.

Case Number: _____
Chapter 13

**DISCLOSURE OF SUPPLEMENTAL COMPENSATION
OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Federal Bankruptcy Rule 2016(b), I certify that I am the attorney for the above named debtor and that compensation paid, or agreed to be paid, to me after one year before the filing of the petition in bankruptcy for services rendered or to be rendered on behalf of the debtor in contemplation of or in connection with the bankruptcy case in addition to any amounts already disclosed is as follows:

For legal services, I have agreed to accept	\$ _____
Prior to the filing of this statement, I have received	\$ _____
Balance due	\$ _____

2. The source of the compensation paid to me was:

☐ The debtor ☐ Other (specify): _____

3. The source of the compensation to be paid to me is:

☐ The debtor ☐ Other (specify): _____

4. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. Since the filing of any prior Federal Bankruptcy Rule 2016(b) Disclosure in this case, I have agreed to perform the following additional services for the supplemental fees identified above:

_____.

6. By agreement with the debtor, the above-disclosed fee does not include the following services:

_____.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor in this bankruptcy case.

Date: _____

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

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 Disclosure of Supplemental Compensation of Attorney for Debtor 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 Disclosure of Supplemental Compensation of Attorney for Debtor 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