**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF MARYLAND**

**at** Choose an item.

|  |  |
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| **In re:**  **,**  **Debtor.** | **Case Number:**  **Chapter 13** |

**APPLICATION FOR ALLOWANCE OF SUPPLEMENTAL ATTORNEY’S FEES**

NOW COMES , attorney for the debtor, (hereafter “Applicant”) who makes this request for the allowance of supplemental attorney’s fees for work on matters that were not reasonably expected and that are extraordinary (*see* Appendix F to the Local Bankruptcy Rules) 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, and in support thereof states as follows:

1. Applicant has served as the attorney for the debtor throughout the pendency of the Chapter 13 case.
2. The fees and expenses sought in this Application result from services rendered for or on behalf of the debtor.
3. The fees and expenses sought to be paid to Applicant result from services rendered or required to be rendered for a matter which was not contemplated or included in the initial retainer agreement as evidenced by the Federal Bankruptcy Rule 2016(b) Disclosure filed at the beginning of this case.
4. The services for which the additional fees and expenses are now sought by Applicant are described in the attached Supplemental Federal Bankruptcy Rule 2016(b) Disclosure, which has been filed with the Court and is included herein by reference.
5. The services for which the additional fees and expenses are now sought by Applicant were for the following reasons (a) not reasonably expected, (b) extraordinary, and (c) reasonable and necessary services that benefit the estate:

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1. In support of this Application, Applicant has attached relevant time records that identify the professionals who worked on this case, their hourly rates, the tasks performed, and the amount of time spent on each such task.
2. Prior to the filing of this Application, Applicant has been paid a total of $ in fees and $ in expenses in this case. Of those amounts, Applicant has received $ in fees and $ in expenses in distributions from the trustee and $ in fees and $ in expenses in payments from the debtor or on debtor’s behalf.
3. Applicant respectfully submits and hereby affirms to the Court that the fees and expenses requested by this Application were both reasonable and necessary.
4. Further, Applicant submits that the fees and expenses described are reasonable based on the customary fees and expenses charged and generally approved by this Court for services of this nature provided by comparably skilled professionals.
5. No agreement or understanding exists between Applicant and any other person for the division or sharing of compensation for services rendered or costs advanced in connection with Applicant’s representation of the debtor.
6. Applicant has reviewed the requested attorney’s fees and expenses with the debtor. Applicant represents that the debtor has requested that Applicant provide the services described herein, that the Court allow the payment of the requested attorney’s fees and expenses, and, if necessary, that the Court approve the payment of the fees and expenses as an administrative expense through the Chapter 13 plan.
7. 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:

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WHEREFORE, Applicant prays that this Court approve Applicant’s attorney’s fees for work on matters that were not reasonably expected and that are extraordinary in the amount of $ and expenses in the amount of $ , to be paid by the debtor or to be paid by the Chapter 13 trustee as an administrative expense through the Chapter 13 plan.

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 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 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