**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF MARYLAND  
at** Choose an item.

|  |  |
| --- | --- |
| IN RE:  Debtor | Case No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chapter \_\_\_\_\_\_\_ |

**SUPPLEMENTAL DISCLOSURE OF 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 in as follows:

For legal services, I have agreed to accept   
Prior to the filing of this statement I have received   
Balance Due

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

The debtor  Other (specify):

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

The debtor  Other (specify):

1. 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.
2. Since the filing of any prior Federal Bankruptcy Rule 2016(b) Disclosure Statement in this case, counsel has agreed to perform the following additional services for the supplemental fees identified above:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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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 proceedings.

Date Signature of attorney

Name of law firm

**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 Supplemental Disclosure of Compensation of Attorney for Debtor will be served electronically by the court’s CM/ECF system on the following:

Name of Trustee, Chapter 13

Name of Attorney

Name of Attorney

I hereby further certify that on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, a copy of the Supplemental Disclosure of Compensation of Attorney for Debtor was also mailed first class, 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]