

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

at _____

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 _____

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 Statement in this case, counsel has 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 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]