

**Local Bankruptcy Form 2016-3**  
**Application for Compensation or Reimbursement of Expenses**

UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re: ) Chapter  
)  
)  
)  
Debtor ) Bankruptcy No.

..... APPLICATION FOR  
*first, second, etc. as applicable*

COMPENSATION AND REIMBURSEMENT OF EXPENSES

Of.....  
*name of applicant, professional capacity*

For.....  
*entity represented or engaged by*

For THE PERIOD ..... THROUGH .....

..... in accordance  
Name of applicant, professional capacity, and entity represented or engaged by

with F.R.B.P. 2016 applies under § 330 of the Code for an award of compensation and reimbursement of actual, necessary expenses and represents:

**Part A Preliminary Statement**

1. Applicant is [professional capacity] for [entity represented or engaged by].
2. All services rendered and expenses incurred for which compensation or reimbursement is requested were performed or incurred for or on behalf of [entity represented or engaged by].
3. The services described in this Application are actual, necessary services and the compensation requested for those services is reasonable.
4. The expenses described in this Application are actual, necessary expenses.

[Additional numbered paragraphs may be used by the Applicant to set forth other statements or information.]

**Part B General Information**

1. **Period** xx/xx/xx to xx/xx/xx

Final Application \_\_\_\_\_  
Interim Application \_\_\_\_\_

Requested

Fees	\$ _____
Expenses	\$ _____
Total	\$ _____

2. **General Information**

- a. Date case filed: xx/xx/xx
- b. Date application to approve employment filed: xx/xx/xx
- c. Date employment approved: xx/xx/xx
- d. First date services rendered in the case: xx/xx/xx

e. Compensation request is under § 330:  Yes  No  
If other statutory basis, specify: § \_\_\_\_\_

f. Any fees awarded will be paid from the estate:  
 Yes  No

If no, state the source of payment of any fee that is awarded.

\_\_\_\_\_

g. This application is for a period less than 120 days after the filing of the case or less than 120 days after the end of the period of the last application.

Yes  No

If yes, state date and terms of court order allowing filing at shortened intervals.

Order date: xx/xx/xx

Terms, if any, \_\_\_\_\_

\_\_\_\_\_

### 3. Prior Applications

#### First Application Period

xx/xx/xx to xx/xx/xx Date of Order xx/xx/xx

	<u>Requested</u>	<u>Allowed</u>	<u>Paid</u>	<u>Due</u>
Fees	\$ _____	\$ _____	\$ _____	\$ _____
Expenses	\$ _____	\$ _____	\$ _____	\$ _____

#### Second Application Period Date of Order xx/xx/xx

xx/xx/xx to xx/xx/xx

Fees	\$ _____	\$ _____	\$ _____	\$ _____
Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Grand Totals	\$ _____	\$ _____	\$ _____	\$ _____

**4. Attorneys' Billing for Current Period**

<u>Name</u>	<u>Admitted</u>	<u>Hours</u>	<u>Billing Rate</u>	<u>Total</u>
_____	_____	_____	_____	\$ _____
etc.	etc.	etc.	etc.	etc.
Grand Total		_____		\$ _____

**5. Paralegals Billing for Current Period**

<u>Name</u>	<u>Hours</u>	<u>Billing Rate</u>	<u>Total</u>
_____	_____	_____	_____
Grand Totals	=====		\$ =====

**6. Billing Rates**

a. Are any of the billing rates different than the billing rates set forth in your last application? \_\_\_\_ Yes \_\_\_\_ No

b. If yes, indicate whose billings rates are different and explain why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part C Billing Summary**

1. **Description of Services.** Provide adequate detail appropriate for the amount of time billed and the nature and variety of the services rendered.

**2. Detail of Hours Expended.** Set forth in list form or attach a list that shows the name of the professional or paraprofessional, date, activity, and time expended. The list may be organized in either of two ways.

(a) By each professional or paraprofessional in chronological order for the application period; or

(b) By day in chronological order showing all professionals or paraprofessionals that billed time on a particular day during the application period.

\* \* \* \* \*

Category Reporting. If category reporting of time expended is required under L.B.R. 2016-3(c), only categories for which services were rendered during the period covered by the application should be included. A separate Description of Services and Detail of Hours Expended shall be provided for each category.

**Part D Expense Summary**

Set forth in list form or attach a list that shows the type of expenses for which reimbursement is sought. For each type of expense either

(a) state the amount of the expense that is calculated using the applicant's in-house actual cost or the actual amount billed by a third party provider, or

(b) explain how the amount of the expense is calculated.

WHEREFORE, Applicant requests an award of \$ \_\_\_\_\_ in compensation and of \$ \_\_\_\_\_ in reimbursement of actual, necessary expenses.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Applicant

By: \_\_\_\_\_  
Name  
Address  
Phone No. ( ) \_\_\_\_\_  
Fax No. ( ) \_\_\_\_\_