

**L.B.F. 2016-2A “Short Form” Application of Counsel for Debtor for Compensation and Reimbursement of Expenses in Chapter 13 Case Pursuant to L.B.R. 2016-2(a)**

**UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**In re:** ) **Chapter 13**  
 )  
 )  
 **Debtor(s)** )  
 ) **Bky. No.**  
 )

**APPLICATION FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES**

*Name of applicant* applies under § 330 of the Bankruptcy Code for an award of compensation and reimbursement of actual, necessary expenses and represents:

1. Applicant is counsel for the debtor.
2. The debtor filed a petition under chapter 13 of the Bankruptcy Code on *(date)*.
3. The debtor’s annualized current monthly income as set forth on Form B22C is:  
\_\_\_\_ above median (the amount on line 15 is not less than the amount on line 16)  
\_\_\_\_ below median (the amount on line 15 is less than the amount on line 16).
4. All services rendered and expenses incurred for which compensation or reimbursement is requested were performed or incurred for or on behalf of the debtor, the services and expenses were actual and necessary, and the compensation requested for those services is reasonable.
5. Applicant requests an award of compensation of \$\_\_\_\_\_ for \_\_\_\_\_ hours expended in providing the following services: *(Description of Services)*.
6. Applicant requests reimbursement of expenses in the amount of \$\_\_\_\_\_ for the following expenses: *(Description of Expenses)*.
7. The debtor paid Applicant \$\_\_\_\_\_ prior to the filing of the petition.
8. A copy of the Applicant’s disclosure of compensation pursuant to Fed. R. Bankr. P. 2016(b) is attached hereto as Exhibit “A.”

**LOCAL BANKRUPTCY RULES**

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9. None of the compensation paid to applicant will be shared with any person other than a member or regular associate of applicant's law firm unless 11 U.S.C. §504(c) applies.

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

Dated: \_\_\_\_\_, 20

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

Applicant

By: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_\_