

Fee Application

, counsel [accountant] to the , applies for interim [final] compensation for fees for services rendered and costs incurred in this Chapter proceeding. This application is filed pursuant to 11 U.S.C. §330 and Bankruptcy Rule 2016, and meets all of the requirements set forth in the Guidelines incorporated in Local Rule 2016-1(B)(1). The exhibits attached to this application, pursuant to the Guidelines, are:

Exhibits "1-A" and "1-B"- Summary of Professional and Paraprofessional Time.

Exhibit "2" - Summary of Requested Reimbursements of Expenses.

Exhibit "3" - The applicant's complete time records, in chronological order, by activity code category, for the time period covered by this application. The requested fees are itemized to the tenth of an hour.

Exhibit "4" – Fee Application Summary Chart

The applicant believes that the requested fee, of \$_____ for_____ hours worked, is reasonable considering the twelve factors enumerated in Johnson v. Georgia Highway Express, Inc., 488 F.2d 714 (5th Circuit 1974), made applicable to bankruptcy proceedings by In re First Colonial Corp. of America, 544 F.2d 1291 (5th Cir. 1977), as follows:

The Time and Labor Required:

The Novelty and Difficulty of the Services Rendered:

The Skill Requisite to Perform the Services Properly:

The Preclusion of Other Employment by the Professional Due to the Acceptance of the Case:

The Customary Fee:

Whether the Fee is Fixed or Contingent:

Time Limitations Imposed by the Client or Other Circumstances:

The Experience, Reputation, and Ability of the Professional:

The Undesirability of the Case:

The Nature and Length of the Professional Relationship of the Client:

Awards in Similar Cases:

The applicant seeks an interim award of fees in the amount of \$_____ and costs in the amount of \$_____.

CERTIFICATION

1. I have been designated by _____ (the "Applicant") as the professional with responsibility in this case for compliance with the "Guidelines for Fee Applications for Professionals in the Southern District of Florida in Bankruptcy Cases" (the "Guidelines").

2. I have read the Applicant's application for compensation and reimbursement of expenses (the "Application"). The application complies with the Guidelines, and the fees and expenses sought fall within the Guidelines, except as specifically noted in this certification and described in the application.

3. The fees and expenses sought are billed at rates and in accordance with practices customarily employed by the Applicant and generally accepted by the Applicant's clients.

4. In seeking reimbursement for the expenditures described on Exhibit 2, the Applicant is seeking reimbursement only for the actual expenditure and has not marked up the actual cost to provide a profit or to recover the amortized cost of investment in staff time or equipment or capital outlay (except to the extent that the Applicant has elected to charge for in-house photocopies and outgoing facsimile transmissions at the maximum rates permitted by the Guidelines).

5. In seeking reimbursement for any service provided by a third party, the Applicant is seeking reimbursement only for the amount actually paid by the Applicant to the third party.

6. The following are the variances with the provisions of the Guidelines, the date of each court order approving the variance, and the justification for the variance: _____

CERTIFICATE OF SERVICE

[Include a certificate of service conforming to Local Rule 2002-1(F)]

[Applicant]

Attorneys/Accountant for

[address]

[phone]

By:

[name of certifying professional]

Fla. Bar No.: _____

Summary of Professional and
Paraprofessional Time Total
per Individual
for this Period Only
(EXHIBIT "1-A")

[If this is a final application, and does not cumulate fee details from prior interim applications, then a separate Exhibit 1-A showing cumulative time summary from all applications is attached as well]

<u>Name</u>	<u>Partner, Associate or Paraprofessional</u>	<u>Year Licensed</u>	<u>Total Hours</u>	<u>Average Hourly Rate*</u>	<u>Fee</u>
					\$
Blended Average Hourly Rate:					\$
Total fees:					\$

* Indicate any changes in hourly rate and the date of such change:

EXHIBIT "1"

Summary of Professional and
Paraprofessional Time by
Activity Code Category
for this Time Period Only
(EXHIBIT "1-B")

Activity Code: _____:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
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Partners:

Associates:

Paralegals:

Activity Subtotal:			\$
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Activity Code: _____:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
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Partners:

Associates:

Paralegals:

Activity Subtotal:			\$
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Activity Code: _____:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
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Partners:

Associates:

Paralegals:

Activity Subtotal: \$

Activity Code: _____:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
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Partners:

Associates:

Paralegals:

Activity Subtotal: \$

Activity Code: _____:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
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Partners:

Associates:

Paralegals:

Activity Subtotal: \$

Summary of Requested Reimbursement Of Expenses
for this Time Period Only

[If this is a final application which does not cumulate prior interim applications, a separate summary showing cumulative expenses for all applications is attached as well]

- | | | |
|-----|--|----------|
| 1. | Filing Fees | \$ _____ |
| 2. | Process Service Fees | \$ _____ |
| 3. | Witness Fees | \$ _____ |
| 4. | Court Reporter Fees and Transcripts | \$ _____ |
| 5. | Lien and Title Searches | \$ _____ |
| 6. | Photocopies | |
| | (a) In-house copies (\$_____ at 15¢/page) | \$ _____ |
| | (b) Outside copies (\$_____) | \$ _____ |
| 7. | Postage | \$ _____ |
| 8. | Overnight Delivery Charges | \$ _____ |
| 9. | Outside Courier/Messenger Services | \$ _____ |
| 10. | Long Distance Telephone Charges | \$ _____ |
| 11. | Long Distance Fax Transmissions | |
| | (copies at \$1/page) | \$ _____ |
| 12. | Computerized Research | \$ _____ |
| 13. | Out-of-Southern-District-of-Florida Travel | \$ _____ |
| | (a) Transportation (\$_____) | |
| | (b) Lodging (\$_____) | |
| | (c) Meals (\$_____) | |

14. Other Permissible Expenses (must specify and justify) \$ _____

(a) (\$ _____)

(b) (\$ _____)

Total Expense Reimbursement Requested \$ _____

EXHIBIT "2"

[The applicant's complete time records, in chronological order, by activity code category, for the time period covered by this application. The requested fees are itemized to the tenth of an hour.]

EXHIBIT "3"

