



## 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:

Exhibit "1" – Fee Application Summary Chart

Exhibits "2-A" and "2-B"- Summary of Professional and Paraprofessional Time.

Exhibit "3" - Summary of Requested Reimbursements of Expenses.

Exhibit "4" - 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.

The applicant believes that the requested fee, of \$\_\_\_\_\_ for\_\_\_\_\_ hours worked, is reasonable considering the nature, extent, and the value of such services, taking into account all relevant factors, including:

The time spent on such services.

The rates charged for such services.

Whether the services were necessary to the administration of, or beneficial at the time at which the service was rendered toward the completion of the case.

Whether the services were performed within a reasonable amount of time commensurate with the complexity, importance, and nature of the problem, issue, or task addressed.

With respect to a professional person, whether the person is board certified or otherwise has demonstrated skill and experience in the bankruptcy field.

Whether the compensation is reasonable based on the customary compensation charged by comparably skilled practitioners in cases other than cases under title 11.

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 3, 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: \_\_\_\_\_

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**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 "2-A")**

[If this is a final application, and does not cumulate fee details from prior interim applications, then a separate Exhibit 2-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:

Summary of Professional and  
Paraprofessional Time by  
Activity Code Category  
for this Time Period Only  
(EXHIBIT "2-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:			\$
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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:			\$
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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 \$\_\_\_\_\_

[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"**