

[CASE STYLE]

**Complex Case Fee Application Coversheet (Hourly)**

<b>Name of Applicant:</b>		
<b>Applicant's Role in Case:</b>		
<b>Docket No. of Employment Order(s):</b>		
<b>Interim Application ( ) No. _____</b> <b>Final Application ( )</b>		Indicate whether this is an interim or final Application. If interim, indicate the number (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.)
		<b>Beginning Date</b>
		<b>End Date</b>
<b>Time period covered by this Application for which interim compensation has not previously been awarded:</b>	mm/dd/yy	mm/dd/yy
<b>Were the services provided necessary to the administration of or beneficial at the time rendered toward the completion of the case? ( ) Y/N</b>		
<b>Were the services performed in a reasonable amount of time commensurate with the complexity, importance and nature of the issues addressed? ( ) Y/N</b>		
<b>Is the requested compensation reasonable based on the customary compensation charged by comparably skilled practitioners in other non-bankruptcy cases? ( ) Y/N</b>		
<b>Do expense reimbursements represent actual and necessary expenses incurred? ( ) Y/N</b>		
<b>Compensation Breakdown for Time Period Covered by this Application</b>		
<b>Total professional fees requested in this Application:</b>		\$
<b>Total professional hours covered by this Application:</b>		
<b>Average hourly rate for professionals:</b>		\$
<b>Total paraprofessional fees requested in this Application:</b>		\$
<b>Total paraprofessional hours covered by this Application:</b>		
<b>Average hourly rate for paraprofessionals:</b>		\$
<b>Total fees requested in this Application:</b>		\$
<b>Total expense reimbursements requested in this Application:</b>		\$
<b>Total fees and expenses requested in this Application:</b>		\$
<b>Total fees and expenses awarded in all prior Applications:</b>		\$
<b>Plan Status:</b> (Provide a short narrative of status if a plan has not confirmed; date of hearing and docket number of confirmation order if plan has been confirmed; if confirmed, whether the plan has gone effective.)		
<b>Primary Benefits:</b> (Provide a short narrative [less than 100 words] of the most significant benefits your client received from your services during the application period.)		

THIS FORM SHOULD NOT BE ALTERED