

Complex Case Fee Application Coversheet (Non-Hourly)

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