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| Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address | FOR COURT USE ONLY |
| *Attorney for*: |
| **UNITED STATES BANKRUPTCY COURT**  **CENTRAL DISTRICT OF CALIFORNIA -***Name of* **DIVISION** | |
| In re: | CASE NO.:  CHAPTER: |
| **ORDER ON APPLICATION**  **FOR PAYMENT OF:**  **INTERIM FEES AND/OR EXPENSES**  **(11 U.S.C. § 331)**  **FINAL FEES AND/OR EXPENSES**  **(11 U.S.C. § 330)** |
| DATE:  TIME:  COURTROOM:  PLACE: |
| Debtor(s). |

1. Name of Applicant (*specify*):

2. This proceeding was heard at the date and place set forth above and was  Contested  Uncontested

3. Appearances were made as follows:

a.  Applicant present in court

b.  Attorney for Applicant present in court (name):

c.  Attorney for United States trustee present in court

d.  Other persons present as reflected in the court record

4. Applicant gave the required notice of the Application on (*specify date*):

5. The court orders as follows:

a.  Application for Payment of Interim Fees is approved as follows:

(1)  Total amount allowed: $

(2)  Amount or percentage authorized for payment at this time:

b.  Application for Reimbursement of Interim Expenses is approved and authorized for payment:

Total amount allowed: $

c.  Application for Payment of Final Fees is approved in the amount of: $

d.  Application for Reimbursement of Final Expenses is approved and authorized for payment:

Total amount allowed: $

e. (1)  Application is denied

in full

in part

without prejudice

with prejudice

(2) Grounds for denial *(specify):*

f.  The court further orders *(specify):*

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