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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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