

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO

In re: _____) Case No.
 _____)
 _____) Chapter 11
 _____)
 Debtor. _____) Judge Marilyn Shea-Stonum

Name of Applicant: _____

Authorized to Provide Professional Services as: _____

Date of Application: _____

Date of Order Approving Appointment: _____

Period for which Fees and Reimbursement are sought: _____

Amount of Fees sought as Actual, Reasonable and Necessary: _____

Amount of Expense Reimbursement sought as Actual, Reasonable and Necessary: _____

This application is: _____ interim _____ final. If this is not the first application filed, please state the following for each other application:

<u>Date Filed</u>	<u>Period Covered</u>	<u>Requested Fees/Expenses</u>	<u>Approved Fees/Expenses & Date</u>	<u>Holdback Amount</u>
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CLIENT CERTIFICATION

I have reviewed this Application as a representative of _____ [name of entity]. In that capacity, I _____ approve this Application; [or] _____ do not approve this Application for reasons which I have discussed with the Applicant and will explain at a hearing on the Application.

Date: _____

Name of Individual who reviewed Application