

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO

In re:) Case No.
)
) Chapter 11
)
 Debtor.) Judge Pat E. Morgenstern-Clarren

Name of Applicant: _____

Authorized to Provide
Professional Services as: _____

Name of person responsible for
monthly review of applicant's
billing records _____

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>
-------------------	-----------------------	--------------------------------	---

PROFESSIONAL CERTIFICATION

I, _____ (print name) certify that I reviewed the billing records on a monthly basis as required by the court's standing order.

(Signature)

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