

Filer's Name, Address, Phone, Fax, Email:



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII  
1132 Bishop Street, Suite 250  
Honolulu, Hawaii 96813

hib\_2016-1f (12/09)

Debtor:

Case No.:

Joint Debtor:  
(if any)

Chapter 7

**FINAL APPLICATION FOR COMPENSATION  
BY PROFESSIONAL EMPLOYED BY CHAPTER 7 TRUSTEE**

Applicant:

Capacity:

Date of order authorizing employment:

Period for this request (e.g. 1/1/09 -12/31/09):

Previous amounts awarded by court:

Fees: \$

Expenses: \$

Previous amounts received:

Fees: \$

Expenses: \$

Amount of this request (inclusive of any excise taxes):

Fees: \$

Expenses: \$

Total compensation and expenses for final approval:

Fees: \$

Expenses: \$

Brief description of services performed:

<i>Individual</i>	<i>Position</i>	<i>Hourly rate</i>	<i>Hours</i>	<i>Fees</i>
				\$
				\$
				\$
				\$
				\$
				\$
<b>Totals</b>				\$

**CERTIFICATION**

The Applicant certifies:

1. Applicant is familiar with the facts underlying this application and the information herein is true and correct to the best of the applicant's knowledge.
2. No payments have been made or promised to the applicant for services rendered or to be rendered in any capacity whatsoever in connection with the case.
3. No compensation previously received, if any, has been shared.
4. No agreement or understanding exists between the applicant and any other entity for the sharing of compensation received or to be received for services rendered in or in connection with this case.
5. The compensation and expenses requested in this application were billed at rates no less favorable than those customarily billed by the applicant and generally accepted by the applicant's clients.
6. The compensation and reimbursement requested in this application conform to the applicable guidelines adopted by the United States Bankruptcy Court for the District of Hawaii, except to the extent particularly set forth elsewhere in this application.
7. Attached billing records and other exhibits, if any, are true and correct to the best of my knowledge.

Dated: \_\_\_\_\_

/s/ \_\_\_\_\_  
Applicant

**REVIEW BY TRUSTEE**

As trustee of this estate, I have reviewed and hereby approve this final application for compensation and reimbursement of expenses.

There are sufficient funds in the estate to pay in full all administrative claims, including the fees and expenses requested in this application.

There are insufficient funds in the estate to pay in full all administrative claims, including the fees and expenses requested in this application, and payment will be made pro rata.

Dated: \_\_\_\_\_

/s/ \_\_\_\_\_  
Trustee