

Attorney/Party Name, Address, Phone, Fax, E-mail:	For court use only
UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII	Case No.
In re: Debtor(s).	Chapter Related Docket No.: <i>[if application filed separately]</i>

LBR 2016-1(b) SUMMARY SHEET

Application for Compensation / Expenses:		Interim _____ (1 st , 2 nd , etc.)		Final
Applicant:				
Capacity:				
Date of Order Authorizing Employment:				
Period for this Request <i>[e.g., 1/1/2000 - 12/31/2002]</i>				
Amt Rec'd Prepetition:	\$	Client Trust Acct Balance:	\$	
Previous Amounts Awarded by Court:	Fees: \$		Expenses: \$	
Previous Amounts Received:	Fees: \$		Expenses: \$	
Current Request (including any Hawaii excise taxes):	Fees: \$		Expenses: \$	
Availability of Funds - Applicant believes that there are sufficient funds to pay this request and all other accrued and anticipated administrative expenses:			Yes	No
Professional	Position	Hourly Rate	Hours	Fees
				\$
				\$
				\$
				\$
				\$
				\$

[Attach additional pages as necessary.]

Dated: _____

Applicant