

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



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

hib\_2016-1a (12/09)

Debtor: Case No.:

Joint Debtor: (if any) Chapter:

**COMPENSATION SUMMARY SHEET**

Interim  
Final

(1<sup>st</sup>, 2<sup>nd</sup>, etc.)

Related Docket No.:  
(if application filed separately)

Applicant:

Capacity:

Date of order authorizing employment:

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

Amount rec'd prepetition:

\$

Client trust acct balance:

\$

Previous amounts awarded by court:

Fees: \$

Expenses: \$

Previous amounts received:

Fees: \$

Expenses: \$

Amount of this request (inclusive of any 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

Name of Professional

Position

Hourly rate

Hours

Fees

[Attach additional sheets as needed.]

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

/s/

\_\_\_\_\_

Applicant

Print name if original signature