

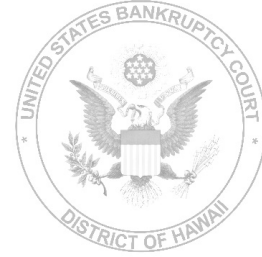
Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court - District of Hawaii

Case number _____ Chapter _____



Local Form H2016B (8/2023)

SUPPLEMENTAL DISCLOSURE OF COMPENSATION BY DEBTOR'S ATTORNEY

Pursuant to 11 U.S.C. § 329 and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and have received, in addition to compensation previously disclosed, a supplemental payment for services described below. These funds have been placed in an IOLTA or client trust account and will not be withdrawn without a court order in a case under chapter 11, 12, or 13, or until the fees have been earned or expenses incurred in a chapter 7 case in accordance with the fee agreement between the debtor(s) and myself.

I understand this statement must be filed within 14 days after payment is received or any agreement to share the compensation has been made.

I have received the following amount for services rendered or to be rendered: \$ _____.

Date received: _____.

The source of the funds paid to me was: Debtor(s) Other: _____.

I have not agreed to share the compensation with any other person unless they are members and associates of my law firm. If I have agreed to share the compensation, a copy of the agreement to share the compensation is attached, together with a list of the names of the people sharing in the compensation.

In return for this supplemental payment, I have agreed to provide the following services:

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: _____

Attorney: ✕ _____

Law Firm: _____