

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re

Case No.: _____

Debtor(s). Judge: _____

**CERTIFICATION OF DEBTOR'S COUNSEL
SUPPORTING SUPPLEMENTAL CHAPTER 13 FEE**

For time incurred in Chapter 13 cases prior to August 1, 2006, for which supplemental fees are sought, you must utilize the alternate version of Local Form 13 as has been designated for that purpose on the Court's web site: www.njb.uscourts.gov.

_____, Esquire, hereby certifies as follows:

1. I represented the debtor in connection with the following proceeding(s) in debtor's chapter 13 case:

STANDARD FEES

_____ Prosecution of motion on behalf of debtor. \$500.00

Nature of motion: _____

Hearing date(s): _____

_____ Defense of motion on behalf of debtor (Including filing Objection to Creditor's or Trustee's Certification of Default). \$400.00

Nature of motion: _____

Hearing date(s): _____

_____	Additional court appearance(s). (Not to exceed three).	\$100.00
	Purpose: _____ _____	
	Hearing date(s): _____ _____	
_____	Filing and appearance on a modified Chapter 13 Plan.	\$300.00
_____	Preparation of Wage Order	\$100.00
_____	Preparation and filing of Amendments to Schedules D, E, F or List of Creditors	\$100.00
_____	Preparation and filing of other amended schedules	\$100.00
_____	Preparation and filing of Application for Retention of Professional	\$200.00
_____	Preparation and filing of Notice of Sale or Settlement of Controversy	\$100.00

NON-STANDARD FEES

Do not combine standard and non-standard fees for the same motion or service. If you believe the standard fee is inappropriate for services in a particular instance, you must request only non-standard fees for that particular service.

Describe non-standard services in detail, and attach a time detail (including applicable hourly rates) as Exhibit A: _____

Describe non-standard expenses in detail: _____

2. To date, in this case:

I have applied for fees (including original retainer) in the amount of: _____

To date, I have received: _____

3. I seek compensation for services rendered in the amount of \$ _____ payable:

_____ through the chapter 13 plan as an administrative priority.

_____ outside the plan.

4. This allowance will not impact on plan payments.

This allowance will impact on plan payments.

Present plan: \$ _____ per month for _____ months.

Proposed Plan: \$ _____ per month for _____ months.

I certify that I have not filed any fee application within the last 90 days.

I certify under penalty of perjury that the foregoing is true and correct.

Dated: _____

Signature of applicant