

---

# BANKRUPTCY COURT OF THE VIRGIN ISLANDS

---

IN RE:

---

\_\_\_\_\_  
*Debtor(s)*

Bankruptcy No. \_\_\_\_\_  
Chapter \_\_\_\_\_

---

## LOCAL BANKRUPTCY FORM 9

### SUMMARY COVER SHEET FEES AND EXPENSES APPLICATION FILED ON BEHALF OF

---

1. Your applicant was appointed on \_\_\_\_\_.  
(Attach a copy of the order approving appointment)
2. Your applicant represents \_\_\_\_\_.
3. The total amount of the compensation requested is \$\_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_.
4. The compensation is \_\_\_\_\_.
5. A retainer of \$\_\_\_\_\_ was paid on \_\_\_\_\_.
6. The amount of compensation previously requested is \$\_\_\_\_\_.
7. The amount of compensation previously approved is \$\_\_\_\_\_.
8. The amount of compensation previously paid is \$\_\_\_\_\_.
9. The total amount of expenses for which reimbursement is sought is \$\_\_\_\_\_ and is for the period from \_\_\_\_\_ to \_\_\_\_\_.
10. The amount of expenses previously requested is \$\_\_\_\_\_.
11. The amount of expenses previously approved is \$\_\_\_\_\_.
12. The amount of expenses previously paid is \$\_\_\_\_\_.
13. The blended hourly rate for this application is \$\_\_\_\_\_.
14. Other factors bearing on fee application:  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

By:

---

\_\_\_\_\_  
Signature

---

\_\_\_\_\_  
Typed Name

---

\_\_\_\_\_  
Address

---

\_\_\_\_\_  
Phone No.

---

\_\_\_\_\_  
Bar I.D and State/Territory of Admission