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# BANKRUPTCY COURT OF THE VIRGIN ISLANDS

IN RE:

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

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

Chapter \_\_\_\_\_

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## 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