

CSD1144 [12/01/25]

Name, Address, Telephone No. & I.D. No.

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re

Debtor(s)

BANKRUPTCY NO.

Date of Hearing:

Time of Hearing:

Name of Judge:

**ORDER APPROVING ☐ INTERIM ☐ FINAL APPLICATION OF
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES**

The court orders as set forth on the continuation pages attached and numbered _____ through _____ with exhibits, if any, for a total of _____ pages. Motion Docket Entry No. _____ .

//

//

//

//

//

//

DATED:

Judge, United States Bankruptcy Court

ORDER APPROVING APPLICATION FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES

DEBTOR(S): _____

CASE NO: _____

The ☐ interim ☐ final application for allowance of compensation and reimbursement of expenses of the party or parties named below came on regularly for hearing on the above date and time, the Honorable _____, United States Bankruptcy Judge, presiding.

It appearing that proper notice was given and the Court having considered the application and papers filed in support thereof, and for good cause appearing therefor,

It is hereby ordered as follows:

1. The following interim fees and expenses for the period beginning _____ and ending _____ are allowed and authorized for immediate payment to applicant in the amounts indicated.

Applicant:

(Include state bar number, if any, and type of professional)

	<u>Amount Requested</u>	<u>Allowed</u>	<u>Authorized for Payment</u>
Fees:	\$ _____	\$ _____	\$ _____
Costs:	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

2. The following interim fees and expenses were previously allowed but not authorized for payment and are now allowed and authorized for immediate payment to applicant.

Applicant:

(Include state bar number, if any, and type of professional)

	<u>Authorized for Payment</u>
Fees:	\$ _____
Costs:	\$ _____
Totals:	\$ _____

3. The following final fees and expenses are allowed and authorized for immediate payment to applicant.

Applicant:

(Include state bar number, if any, and type of professional)

	<u>Allowed and Authorized for Payment</u>
Fees:	\$ _____
Costs:	\$ _____
Totals:	\$ _____

The trustee is authorized to pay _____, without the need of an additional notice, hearing or court order, the actual amount accrued not to exceed \$ _____ for compensation and costs of any miscellaneous work performed in connection with closing this case, subject to the trustee's review and approval of the additional fees and costs.

Payment of all fees and expenses will be made at the discretion of the trustee, if one has been appointed.

All fees and costs allowed by this order may be subject to disgorgement.