In re: Case No.

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Chapter 13

Debtor(s).

**PURSUANT TO** **M.D. ALA., LBR 9007-1, THIS FILING WILL BE TAKEN UNDER ADVISEMENT BY THE COURT AND MAY BE GRANTED/APPROVED UNLESS A PARTY IN INTEREST FILES A RESPONSE WITHIN TWENTY-ONE (21) DAYS OF THE DATE OF SERVICE. RESPONSES MUST BE SERVED UPON THE MOVING PARTY AND IN THE MANNER DIRECTED BY M.D. ALA., LBR 5005-4, FILED WITH THE CLERK ELECTRONICALLY OR BY U.S. MAIL ADDRESSED AS FOLLOWS: CLERK’S OFFICE, U.S. BANKRUPTCY COURT, ONE CHURCH STREET, MONTGOMERY, AL 36104.**

**APPLICATION FOR EMPLOYMENT OF PROFESSIONAL PERSON FOR A SPECIFIC PURPOSE**

Pursuant to M.D. ALA. LBR 9007-1, the undersigned counsel, respectfully submits the instant application for employment of professional persons pursuant to 11 U.S.C. §327 and Fed. R. Bankr. Proc. 2014 and in support of said application states as follows:

The debtor(s) has retained       of the firm       in [City], [County], [State], for the specific purpose of recovering damages arising out of a cause of action filed by the debtor(s) against      . This cause of action is in the nature of a       that occurred on or about      .

I,      , am duly licensed to practice law in the State of      , where the cause of action is being pursued.

I,      , was initially employed by the debtor to represent him/her and am familiar with the facts and legal issues involved in the case.

I,       do not represent or hold any interest adverse to the debtor or to the estate with respect to the matter on which such attorney is to be employed.

Attached and submitted hereto is an affidavit executed by       in support of this application pursuant to 11 U.S.C. §327 and Fed. R. Bankr. Proc. 2014. I, [name of attorney being retained] have no connections with the debtor, creditors, any parties in interest, the Bankruptcy Administrator, or the Trustee, other than with the representation of the debtor as set out hereinabove.

The debtor has signed a contract with [name of attorney being retained] for representation regarding the cause of action. The terms of the contract are for attorney fees equal to [state the terms of the fee arrangement], plus reimbursement of actual, necessary expenses. No money has been paid to the attorney prior to the filing of this Application. I understand that I cannot share any compensation with attorneys other than members of my firm unless said professionals are also approved by this Court by a separate application. I do not have any agreement to share compensation with other attorneys in this matter except: [name of referring or associated attorney or firm and the terms of any fee-sharing arrangement, or N/A if not applicable]. The attorney understands he/she must make application to the Court for approval of his/her fees and expenses. However, if there is no recovery, [name of attorney being retained] acknowledges that the bankruptcy estate of [debtor] shall not be responsible for reimbursement of attorney’s fees or for any actual expenses.

I,       understand that if no party files a written objection to the instant Application within the response period, I must complete and file in CM/ECF a Local Form 5 Declaration Docket Event and upload a proposed order approving my employment.

WHEREFORE, the above premises considered, I move this Honorable Court to authorize the employment of [name of attorney being retained] to represent the debtor and debtor’s estate in the cause of action filed by the debtor. Upon settlement or completion of the cause of action,       will apply to the Court for approval of the settlement, fees and expenses pursuant to 11 U.S.C. §§ 326, 327, 328 and Fed. R. Bankr. Proc. 2014 and 2016.

Dated: Click or tap to enter a date.

/s/

Attorney for Debtor(s)

Address

Phone

Email

**CERTIFICATE OF SERVICE**

I hereby certify that on this date, a true and correct copy of the foregoing Choose an item. was served upon the following creditors and parties in interest as follows:

**by CM/ECF:**

Sabrina L. McKinney, Chapter 13 Trustee

Danielle K. Greco, Bankruptcy Administrator

**by First Class Mail, postage prepaid:**

**Other:**

Dated: Click or tap to enter a date.

/s/

Attorney for Debtor(s)

Address

Phone

Email

**UNITED STATES BANKRUPTCY COURT**

**MIDDLE DISTRICT ALABAMA**

In re: Case No.

     ,

Chapter

Debtor(s)

**AFFIDAVIT IN SUPPORT OF APPLICATION TO EMPLOY**

**PROFESSIONAL PERSON FOR A SPECIFIC PURPOSE**

Before me the undersigned authority, a notary public, in and for said state and county, personally appeared [name of attorney being retained]*,* who, being duly sworn by me, deposes and says under oath as follows:

My name is [name of attorney being retained]. I am presently affiliated with [name of law firm]whose office is located at [Street Address],[City], [County], [State]. I am an attorney duly admitted to the practice of law in the State of       where I represent the debtor. I was engaged by the debtor to represent her/him regarding a cause of action against [name of defendants]on [date].

The terms of my representation with the debtor are for compensation on a [state terms of contract]plus reimbursement of actual, necessary expenses. However, if there is no recovery, the undersigned acknowledges the bankruptcy estate of [name of debtor]shall not be responsible for payment of any attorney’s fees or for the reimbursement of any out-of-pocket expenses. To date, I have not received any compensation from the debtor or any other entity in connection with my representation. I understand that I cannot share any compensation with attorneys other than members of my firm unless said professionals are also approved by this Court. I do not have any agreement to share compensation with other attorneys in this matter except: [name of referring or associated attorney and terms of any fee-sharing arrangement].

I do not represent or hold any interest adverse to the debtor or the estate with respect to the matter upon which I am seeking to be employed.

I have no connection with the Trustee, creditors, Bankruptcy Administrator, or any other parties in interest, the debtor, or their respective attorneys, other than with the representation of the debtor in the lawsuit for which I am applying for my employment as a professional person for this specific purpose.

The facts as stated herein are true and correct in all cases where I have personal knowledge and other remaining facts and opinions are true and correct according to the best of my knowledge, information, and belief. I understand that upon completion of this case, by settlement or otherwise, I must file a separate application for the approval of any settlements recovered on behalf of the debtor and/or the estate pursuant to M.D. Ala., LBR 9007-1. I also understand that I must file an application for the approval of my fees and expenses pursuant to 11 U.S.C. §§ 326, 327, 328 and Rules 2014 and 2016, F.R.B.P.

/s/

Attorney for Debtor(s)

# **STATE OF**

**COUNTY OF**

Sworn to and submitted before me on this the       day of      .

(Seal)

/s/

Notary Public

My Commission expires: