# Mont. LBF 1. APPLICATION TO APPROVE EMPLOYMENT OF PROFESSIONAL; AFFIDAVIT.

# Mont. LBR 2014-1]

Name of Trustee/Attorney

Office Mailing Address

Telephone Number

Facsimile Number

E-Mail Address

State Bar I.D. Number

(Chapter Trustee)

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF MONTANA

|  |  |
| --- | --- |
| IN RE:    ,  ,    Debtors. | Case No.  **APPLICATION TO APPROVE EMPLOYMENT OF PROFESSIONAL; AND AFFIDAVIT** |

The Application of [trustee or debtor in possession] respectfully represents:

1. On the \_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, Debtor(s) filed a petition under Chapter of the Bankruptcy Code.

2. [Trustee or debtor in possession] wishes to employ , (“Professional”) in the capacity of an (e.g., attorney, accountant, etc.).

3. Applicant has selected Professional for the following reasons: (State reasons for the selection.)

4. The professional services that Professional is to render include: (State services to be rendered.)

5. To the best of Applicant’s knowledge, Professional has no connection with the creditors, or any other party in interest, or their respective attorneys and accountants, the United States Trustee, or any person employed in the office of the United States Trustee, and is a “disinterested person” as defined in 11 U.S.C. 101(14) except: (State any exceptions.)

6. The terms of employment of Professional, agreed to by the [trustee or debtor in possession], subject to the approval of the Court are: (State terms of employment, to include but not limited to the name and hourly rate of each professional to be employed; the name and hourly rate of each paraprofessional which may perform services; and the amount of any retainer paid.)

7. Professional represents no interest adverse to [trustee or debtor in possession] or the estate in the matters upon which Professional is to be engaged, and Professional’s employment would be in the best interest of this estate.

WHEREFORE, [trustee or debtor in possession] prays that the Court approve Professional’s employment under the terms specified herein.

DATED this \_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Name of Trustee/Attorney

AFFIDAVIT OF PROPOSED PROFESSIONAL

STATE OF MONTANA )

:

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

[Name of person to be employed], being duly sworn upon [his/her] oath, deposes and states:

1. I am an [capacity of person to be employed and association with firm, if appropriate].

2. I [and firm of which professional is a member, if appropriate] have no connections with the Debtor, creditors, or any other party in interest, their respective attorneys and accountants, the United States Trustee, or any person employed in the office of the United States Trustee; and I [and firm of which professional is a member, if appropriate] am a “disinterested person” as defined in 11 U.S.C. § 101(14). [State any exceptions.]

3. I [and firm of which professional is a member, if appropriate] represent no interest adverse to the Debtor or the estate in the matters upon which I [and firm of which professional is a member, if appropriate] am to be engaged.

4. I have received a general retainer in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which shall not be used to pay my compensation or for reimbursement of my expenses without prior approval of this Court.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name of Professional]

Subscribed and sworn to before me this \_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Notary Public for the State of Montana

(Notary Seal) Residing At: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify under penalty of perjury that on the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, a copy of the foregoing was served by electronic means pursuant to LBR 9013-1(d)(2) on the parties noted in the Court’s ECF transmission facilities and/or by mail on the following parties:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name of person certifying the mailing]

[Must comply with Mont. LBR 9013-1(d)(2), by reflecting the name and address of each party served, and by being signed “under penalty of perjury” and by identifying the document served.]