FORMS ARE GENERIC SUGGESTIONS. PARTIES AND THEIR ATTORNEYS SHOULD REVISE THEM TO ADDRESS THE UNIQUE CIRCUMSTANCES OF EACH CASE.

UNITED STATES BANKRUPTCY COURT	
MIDDLE DISTRICT OF FLORIDA	
DIVISION	
www.flmb.uscourts.gov	
)	
)	
) Case No:bk	
) Chapter	

APPLICATION TO EMPLOY PROFESSIONAL

)

Movant, [insert name of Movant who seeks to employ professional] ("Movant") requests entry of an order authorizing the employment of [insert name of professional]("Professional") and states as follows:

1. Debtor filed this Chapter [insert number] bankruptcy case on [insert petition date].

2. Movant seeks to employ Professional in this case because [state specific facts demonstrating the necessity for employing the Professional].

Movant has selected Professional because [describe the reasons for selecting the Professional].

4. Professional will render the following services: [list or describe the services the Professional will perform].

In re

Debtor^{*}.

^{*} All references to "Debtor" include and refer to both debtors in a case filed jointly by two individuals.

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5. For providing the aforementioned services, Professional has agreed to be compensated as follows: [describe compensation arrangement with Professional such as their hourly rate, flat rate, contingency rate, or any other proposed compensation].

6. Attached as Exhibit A is the Professional's verified statement that states the Professional's connections with the debtor, creditors, any other interested party, their respective attorneys and accountants, the United States Trustee or any person employed in the Office of the United States Trustee.

7. To the best of Movant's knowledge, the Professional has no connection with the debtor, creditors, any other interested party, their respective attorneys and accountants, the United States Trustee or any person employed in the Office of the United States Trustee except as disclosed in the Professional's declaration.

WHEREFORE, Movant respectfully requests that the Court enter an order authorizing the employment of the Professional and for such further relief as the Court deems appropriate.

Dated: [insert date].

/s/ Signature Attorney Name Attorney Bar No. Attorney E-Mail Attorney Address Attorney Phone Number Attorney for [insert name of client]

PROOF OF SERVICE

Revised 1/5/2023

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A true and correct copy of the foregoing has been sent by either electronic transmission or U.S. Mail on______ to:

/s/ Signature Attorney Name Attorney Bar No. Attorney E-Mail Attorney Address Attorney Phone Number Attorney for [insert name of client]