# VTB Form Z

04/2018

**UNITED STATES BANKRUPTCY COURT**

**DISTRICT OF VERMONT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In re:

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Chapter 7**

 **Debtor(s). Case # \_\_\_\_\_\_\_\_**

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

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

**Supplement**

**to Chapter 7 Trustee’s Final Application for Compensation**

I, , Esq., the chapter 7 trustee in the above-referenced case, file this Supplement to provide information I would otherwise present at a hearing in connection with the my chapter 7 trustee final applications for compensation (doc. # ), and the related final report and account (doc # \_\_\_), which I filed on [*date*]. I request that the trustee’s final applications for compensation be approved, as noticed, without hearing, under the Court’s default procedure, based upon the following information.

1. I served notice of my trustee final report and account, and final applications for compensation, on [*dat*e].
2. In this estate, the administrative expenses equal % of the gross estate. If they exceed 35% of the gross estate (or exceed 50% of the gross estate in an estate of $5,000 or less), the reason for the unusually high administrative expenses is: [*describe*].
3. The estate will pay \_\_\_ % of the allowed priority unsecured claims and \_\_\_ % of the allowed general unsecured claims.
4. In my capacity as trustee, I request authority to pay compensation to myself as trustee, to my attorney, if any, and to each professional the estate has employed, in the amount each such professional requested, except as follows: [*set forth name of professional, the amount trustee now seeks to pay, the amount of the professional’s original request, and the reason for the differential between those two figures*].
5. I set out here a narrative summary of any unusual circumstances in the case pertinent to my trustee final report or the related applications for compensation (if applicable):\_\_\_\_.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Chapter 7 Trustee*

*[printed name, mailing address, e-mail address, and phone number]*