Federal Deposit Insurance Corporation **AMENDED LITIGATION BUDGET**

	_	ount is a cumulative to								
-		budget worksheet must 2) if directed by an FDIC			npleted prior	to amended t	budget appro	oval (1) if the		
Matter Number					Matter Caption					
Institution Number Institution Name Institution Type			't	Firm Name						
1st Amended Budget 2nd Amended Budget					t 3rd Amended Budget					
	-	GET INFORMATION								
Attorneys' Fees										
Hourly Rate:				Estimated Recovery Value: \$						
Fixed Fee: \$				Estimated Judgement Amount: <u>\$</u>						
TOA Fee: \$				Estimated Judgement Probability: %						
Contingent Fee:% of \$										
Estimated Hours for Completion: Estimated Completion Date (<i>MM/DD/YYYY</i>):								Amended Budget Fees Expenses		
					rees	Expenses	rees	Expenses		
Total Fees and Ex				ses						
PART II – LAW FIR	M AMENDED BUD	GET ACKNOWLEDG	MENT							
-	-	n contained herein is co crease in the total budg			best of my ki	nowledge and	prior writte	n approval		
Authorized Law Firm Delegate's Signature				Date (<i>MM/DD/YYYY</i>)						
Name and Title of Au	uthorized Law Firm De	elegate (<i>Please type or p</i>	orint)							
Telephone Number (Include area code)				FAX Number (Include area code)						
PART III – AMEND	ED BUDGET APPR	OVAL								
FDIC Attorney Recommending approval of amended budget				Date (MM/DD/YYY)						
	The ar	nended budget has bee	n review	ved a	and is approv	ved.				
Signature of Delegated Authority				Date (MM/DD/YYYY)						

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