

Federal Deposit Insurance Corporation

**LEGAL SUPPORT SERVICES (LSS) PROVIDER BUDGET FORM**

Matter Number	Matter Caption
Institution Number <input type="checkbox"/> Bank <span style="margin-left: 150px;"><input type="checkbox"/> Thrift</span>	LSS Firm/Provider Name

**PART I - BUDGET INFORMATION**

Fees			Estimated Recovery Value (if \$
<input type="checkbox"/> Hourly Rate ( <i>Rate Schedule must be attached</i> )	<input type="checkbox"/> Fixed Fee \$	<input type="checkbox"/> Contingent Fee ( % of \$ )	

Specify Nature of Work to be Performed (*Attach additional sheet(s) as necessary.*)

- 1.
- 2.
- 3.
- 4.

ACTION	FEES	EXPENSES	TOTAL
Court Services Reporting Services			
Appraisal			
Copy/Imaging Services			
Escrow Services			
Registered Agent Services			
Title Company Services			
Other Services (Specify):			
Estimated Hours For Completion:			
Estimated Completion Date (MM/DD/YY):			
<b>GRAND TOTAL OF BUDGET</b>			

**PART II - LSS FIRM/PROVIDER BUDGET ACKNOWLEDGMENT**

I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the FDIC Legal Division is required for any increase in the total budget amount.

Authorized LSS Firm/Provider Signature	Date
Print/Type Name and Title of Authorized LSS	
Telephone Number ( <i>Include Area Code</i> )	FAX Number ( <i>Include Area Code</i> )

**PART III - BUDGET AUTHORIZATION FOR LSS FIRM/PROVIDER TO PROCEED**

Signature of FDIC Attorney ( <i>Recommending Approval of Budget</i> )	Date
Signature of FDIC Delegated Authority	Date Budget Approved

**PAPERWORK REDUCTION ACT NOTICE**

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