

Federal Deposit Insurance Corporation  
**AMENDED LITIGATION BUDGET**

**INSTRUCTIONS:** An amended budget amount is a cumulative total of all past amounts incurred plus future amounts necessary for completion of a matter. An amended budget worksheet must also be completed prior to amended budget approval (1) if the original budget required a worksheet, or (2) if directed by an FDIC Attorney.

Matter Number			Matter Caption
Institution Number	Institution Name	Institution Type <input type="checkbox"/> Bank <input type="checkbox"/> Thrift	Firm Name
<input type="checkbox"/> 1st Amended Budget		<input type="checkbox"/> 2nd Amended Budget	<input type="checkbox"/> 3rd Amended Budget

**PART I – AMENDED LITIGATION BUDGET INFORMATION**

<p>Attorneys' Fees</p> <input type="checkbox"/> Hourly Rate: _____ <input type="checkbox"/> Fixed Fee: \$ _____ <input type="checkbox"/> TOA Fee: \$ _____ <input type="checkbox"/> Contingent Fee: _____ % of \$ _____	<p>Estimated Recovery Value: \$ _____</p> <p>Estimated Judgement Amount: \$ _____</p> <p>Estimated Judgement Probability: _____ %</p>																
<p>Estimated Hours for Completion: _____</p> <p>Estimated Completion Date (MM/DD/YYYY): _____</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Last Approved Budget</th> <th colspan="2">Amended Budget</th> </tr> <tr> <th>Fees</th> <th>Expenses</th> <th>Fees</th> <th>Expenses</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Total Fees and Expenses</b></td> <td></td> <td></td> </tr> </tbody> </table>	Last Approved Budget		Amended Budget		Fees	Expenses	Fees	Expenses					<b>Total Fees and Expenses</b>			
Last Approved Budget		Amended Budget															
Fees	Expenses	Fees	Expenses														
<b>Total Fees and Expenses</b>																	

**PART II – LAW FIRM AMENDED BUDGET ACKNOWLEDGMENT**

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

Authorized Law Firm Delegate's Signature	Date (MM/DD/YYYY)
Name and Title of Authorized Law Firm Delegate ( <i>Please type or print</i> )	
Telephone Number ( <i>Include area code</i> )	FAX Number ( <i>Include area code</i> )

**PART III – AMENDED BUDGET APPROVAL**

FDIC Attorney <i>Recommending approval of amended budget</i>	Date (MM/DD/YYYY)
The amended budget has been reviewed and is approved.	
Signature of Delegated Authority	Date (MM/DD/YYYY)

**PAPERWORK REDUCTION ACT NOTICE**

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