

**Federal Deposit Insurance Corporation
 LITIGATION BUDGET**

INSTRUCTIONS: Please complete all requested information.

Matter Number		Matter Caption	
Institution Number	Institution Name	Institution Type <input type="checkbox"/> Bank <input type="checkbox"/> Thrift	Firm Name

PART I – LITIGATION BUDGET INFORMATION

Attorneys' Fees: <input type="checkbox"/> Hourly Rate: \$ _____ <input type="checkbox"/> Fixed Fee: \$ _____ <input type="checkbox"/> TOA Fee: \$ _____ <input type="checkbox"/> Contingent Fee: _____ % of \$ _____	Estimated Recovery Value: \$ _____ Estimated Judgement Amount: \$ _____ Estimated Judgement Probability: _____ %						
Estimated Hours For Completion: _____ Estimated Completion Date (MM/DD/YYYY): _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Fees</th> <th style="width:33%;">Expenses</th> <th style="width:33%;">Total</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Fees	Expenses	Total			
Fees	Expenses	Total					

PART II – LAW FIRM BUDGET ACKNOWLEDGMENT

I acknowledge that the budget information contained herein is correct to the best of my knowledge and 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 – BUDGET AUTHORIZATION FOR OUTSIDE COUNSEL TO PROCEED

FDIC Attorney <i>(Recommending approval of budget)</i>	Date Budget Approved (MM/DD/YYYY)
Signature of Delegated Authority	Date Budget Approved (MM/DD/YYYY)

PAPERWORK REDUCTION ACT NOTICE

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