OMB NUMBER: 3064-0122
EXPIRATION DATE: 07/31/2013

Federal Deposit Insurance Corporation

LITIGATION BUDGET

INSTRUCTIONS: Please complete all requested information.

Matter Number	Matter Caption

Institution Number	Institution Name	Institution Type	Firm Name
		☐ Bank ☐ Thrift	

PART I — LITIGATION BUDGET INFORMATION

Attorneys' Fees:

☐ Hourly Rate: $ _____

☐ Fixed Fee: $ _____

☐ TOA Fee: $ _____

☐ Contingent Fee: _____% of $ _____

Estimated Recovery Value: $_____

Estimated Judgement Amount: $ _____

Estimated Judgement Probability: _____ %

Estimated Hours For Completion: _____

Estimated Completion Date *(MM/DD/YYYY)*: _____

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 *(Please type or print)*

Telephone Number *(Include area code)*	FAX Number *(Include area code)*

PART III — BUDGET AUTHORIZATION FOR OUTSIDE COUNSEL TO PROCEED

FDIC Attorney *(Recommending approval of budget)*	Date Budget Approved *(MM/DD/YYYY)*

Signature of Delegated Authority	Date Budget Approved *(MM/DD/YYYY)*

PAPERWORK REDUCTION ACT NOTICE

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