

Federal Deposit Insurance Corporation  
**AMENDED NON-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 NON-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: \$ _____
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Specify Nature of Non-Litigation work to be Performed: *(Attach additional sheet(s) as necessary.)*

	Last Approved Budget		Amended Budget	
	Fees	Expenses	Fees	Expenses
Estimated Hours for Completion:				
Estimated Completion Date (MM/DD/YYYY):				
<b>Total Fees and Expenses</b>				

**PART II - LAW FIRM AMENDED 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)
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Name and Title of Authorized Law Firm Delegate *(Please type or print)*

Telephone Number <i>(Include area code)</i>	FAX Number <i>(Include area code)</i>
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**PART III - AMENDED BUDGET APPROVAL**

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

Signature of Delegated Authority	Date (MM/DD/YYYY)
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**PAPERWORK REDUCTION ACT NOTICE**

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