Federal Deposit Insurance Corporation LITIGATION BUDGET

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0122), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Page down to access form 5000/35



Federal Deposit Insurance Corporation

INSTRUCTIONS: Please	e provide all informat	ion requested.			
SECTION I - INSTITUTIO	IN INFORMATION				
1. Matter Number			2. Matter Caption		
3. Institution Number 4. Institution Name			5. Firm Name		6. Institution Type
SECTION II - LITIGATIO					
Attorney's Fees:			Estimated Recovery Value: \$		
Fixed Fee: TOA Fee:			Estimated Judgement Amount: \$		
Contingent Fee: % of			Estimated Judgement Probability:		%
Estimated Hours for Completion:			Fees	Expenses	Total
Estimated Completion Date:					
SECTION III - LAW FIRM	I BUDGET ACKNOV	VLEDGMENT			
I acknowledge that the bu Division is required for an			ect to the best of my kno	wledge and written ap	proval of the Legal
Authorized Law Firm De	elegate	-		-	-
lame Title			Telephone	Fax	
Signature				Date	
SECTION IV - BUDGET	AUTHORIZATION F	OR OUTSIDE COUN	SEL TO PROCEED		
FDIC Attorney (Recomm	nending approval o	f budget)			
Name		Signature		Date Budget Approved	
Delegated Authority		I			
Name Signature		Signature		Date Budget Approved	