

Federal Deposit Insurance Corporation  
**NON-LITIGATION BUDGET FORM**

**INSTRUCTIONS:** Please provide all information requested.

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

**PART I - 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.*)

Estimated Hours for Completion:	Fees	Expenses	Total
Estimated Completion Date (MM/DD/YYYY):			

**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	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 ( <i>Include area code</i> )
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**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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