

Claimant Request for Change in Representation Status

A. Claimant Information

Name:	<small>Last Name or Full Name of Business</small>	<small>First Name</small>	<small>Middle Initial</small>
Deepwater Horizon Settlement Program Claimant Number:		_ _	
Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:		<small>SSN or ITIN</small>	
		_ _ _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ _ _ _ _ _	
		<small>EIN</small>	
		_ _ _ _ - _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Current Address	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

B. Change in Primary Counsel

Use this Section if you are represented by private Counsel and wish to change to a different private Counsel.

Current Law Firm	<small>Law Firm Name</small>		
	<small>Attorney Last Name</small>		<small>Attorney First Name</small>
Requested Law Firm	<small>Law Firm Name</small>		
	<small>Attorney Last Name</small>		<small>Attorney First Name</small>
	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
	<small>Telephone</small>	<small>Email</small>	

C. Change from Represented to Unrepresented Status

Use this Section if you are currently represented by private Counsel and wish to proceed unrepresented. If you are unrepresented, you will be able to access your documents and check the status of your claim on a secure web portal ("Portal"). You can access this information online at <http://www.deepwaterhorizoneconomicsettlement.com>.

Current Law Firm	<small>Law Firm Name</small>		
	<small>Attorney Last Name</small>		<small>Attorney First Name</small>

D. Change from Unrepresented to Represented Status

Use this Section if you are not represented by private Counsel and wish to change to being represented by private Counsel. If you are represented, we will communicate directly with your private Counsel and will not communicate with you. You will not have access to your documents on the Portal or be able to check the status of your claim but your private Counsel will have such access and you can contact your private Counsel for that information.

Requested Law Firm	<small>Law Firm Name</small>		
	<small>Attorney Last Name</small>		<small>Attorney First Name</small>
	<small>Street</small>		

Requested Law Firm (continued)	City	State	Zip Code
	Telephone	Email	
E. Signature			
I ask the Claims Administrator to change my representation status as set forth above.			
Signature:			Date: ____/____/____ (Month/Day/Year)
Name:	Last Name	First Name	Middle Initial
Title (if a Business):			