

Attorney Fee Acknowledgment

Pursuant to Paragraph 8 of Exhibit 27 to the Settlement Agreement, both the claimant and the claimant's attorney must sign this Attorney Fee Acknowledgment before receiving any Settlement Payment.

A. Claimant Information

Name:	Last Name or Full Name of Business		First Name	Middle Initial
Deepwater Horizon Settlement Program Claimant Number:				
Deepwater Horizon Settlement Program Claim Number:				
Attorney:	Law Firm Name			
	Attorney Last Name		Attorney First Name	

B. Acknowledgment of Satisfaction of Attorney Fees and Expenses

The claimant and claimant's designated counsel hereby acknowledge and agree that the Settlement Payment(s) to be paid to the claimant pursuant to the Deepwater Horizon Economic and Property Damages Settlement Agreement, as administered by the Claims Administrator, include(s) monies that fully and finally satisfy any and all fees and costs in respect to representation of the claimant by any counsel, whether current or former, (including but not limited to any fees and costs asserted by lien or privilege) in connection with the claim(s) and rights of such counsel to them that are being released by the signed Full and Final Release, Settlement, and Covenant Not to Sue. This Attorney Fee Acknowledgment does not limit or waive: (1) the recovery of any potential Common Benefit Fee and Costs Award to the Economic Class Counsel and/or other common benefit attorneys who may submit time and costs in compliance with Pretrial Order 9 or Section 5.16 or Exhibit 27 of the Settlement Agreement; or (2) the claimant or attorney's right to dispute or object to an allocation of attorneys' fees and costs as among attorneys or between claimant and attorney.

C. Signature

By my signature below, I certify and declare pursuant to 28 U.S.C. Section 1746 that the information provided in this Attorney Fee Acknowledgment is true and accurate to the best of my knowledge.

Claimant Signature:		Date:	____/____/____ (Month/Day/Year)	
Printed Name:	Last Name	First Name	Middle Initial	
Title (if a Business):				
Attorney Signature:		Date:	____/____/____ (Month/Day/Year)	
Printed Name:	Last Name	First Name	Middle Initial	

D. How to Submit this Form

Submit the original, hard copy signed **Attorney Fee Acknowledgment** in one of these ways:

By Mail	Deepwater Horizon Economic Claims Center PO Box 10272 Dublin, OH 43017-5772
By Overnight Delivery or Certified or Registered Mail	Deepwater Horizon Economic Claims Center c/o Claims Administrator 5151 Blazer Parkway Suite A Dublin, OH 43017