

2. Claims Represented by Law Firm 2

Law Firm Name		
Attorney Last Name	Attorney First Name	
Street Address		
City	State	Zip Code
Telephone	Email	

The law firm identified as Law Firm 2 represents the claimant for the following claims (check all that apply):	<input type="checkbox"/> Coastal Real Property	<input type="checkbox"/> Real Property Sales	<input type="checkbox"/> Wetlands Real Property
	<input type="checkbox"/> Individual Economic Loss	<input type="checkbox"/> Seafood Compensation	<input type="checkbox"/> Business Economic Loss (Including Failed and Start-Up)
	<input type="checkbox"/> Individual Periodic Vendor or Festival Economic Loss	<input type="checkbox"/> Subsistence	
	<input type="checkbox"/> Vessel Physical Damage	<input type="checkbox"/> VoO Charter Payment	

3. Claims Submitted Without Attorney Representation

Use this section to indicate which claims you are pursuing on your own behalf without an attorney.

Check all claims that the claimant will submit without assistance by an attorney:	<input type="checkbox"/> Coastal Real Property	<input type="checkbox"/> Real Property Sales	<input type="checkbox"/> Wetlands Real Property
	<input type="checkbox"/> Individual Economic Loss	<input type="checkbox"/> Seafood Compensation	<input type="checkbox"/> Business Economic Loss (Including Failed and Start-Up)
	<input type="checkbox"/> Individual Periodic Vendor or Festival Economic Loss	<input type="checkbox"/> Subsistence	
	<input type="checkbox"/> Vessel Physical Damage	<input type="checkbox"/> VoO Charter Payment	

C. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Multiple Attorney Representation Request Form ("Form") is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this Form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim(s).

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