

## Multiple Attorney Representation Request Form

Complete and submit this Form to notify the Claims Administrator if you are represented by separate attorneys for claims that you intend to file with the Settlement Program. Do not use this Form if the same attorney or law firm represents you for all of your permitted claims under the Settlement Program. **The claimant must personally sign this Form.**

### A. Claimant Information

<b>Name:</b>	Last Name or Full Name of Business	First Name	Middle Initial
<b>Deepwater Horizon Settlement Program Claimant Number:</b>			
<b>Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b>	SSN or ITIN               -               -		
	EIN           -		
<b>Date of Birth:</b>	____/____/____ (Month/Day/Year)		

### B. Representation Information

Provide information about the attorney(s) representing you in the Settlement Program. Be sure to provide information for all of the claims you intend to file. **If you are represented by more than two attorneys, you may submit multiple copies of this Form.**

#### 1. Claims Represented by Law Firm 1

Law Firm Name			
Attorney Last Name		Attorney First Name	
Street Address			
City		State	Zip Code
Telephone		Email	
The law firm identified as Law Firm 1 represents the claimant for the following claims (check all that apply):	<input type="checkbox"/> Coastal Real Property  <input type="checkbox"/> Individual Economic Loss  <input type="checkbox"/> Individual Periodic Vendor or Festival Economic Loss  <input type="checkbox"/> Vessel Physical Damage	<input type="checkbox"/> Real Property Sales  <input type="checkbox"/> Seafood Compensation  <input type="checkbox"/> Subsistence  <input type="checkbox"/> VoO Charter Payment	<input type="checkbox"/> Wetlands Real Property  <input type="checkbox"/> Business Economic Loss (Including Failed and Start-Up)

**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).

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