

Incompetent Claimant Representative Certification

A representative may complete and submit this Certification to establish his or her authority to sign a Registration Form and Claim Form(s) on behalf of a claimant who is incompetent to act for himself or herself under the law of the state where the claimant lives. This Certification may not be sufficient to prove a representative's authority to sign a Release on a claimant's behalf. Depending upon the applicable state law, if the claimant's claim is eligible for payment, a representative may be required to get a court to approve the Award Amount and its distribution and submit a copy of an official court document proving that the person signing the Final Release, Settlement, and Covenant Not to Sue has the authority to settle the claim on the claimant's behalf, even if the Claims Administrator has accepted this Certification as sufficient to allow a claim to move through the claim review process.

A. Incompetent Claimant Information

Name:	<small>Last Name</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:		<small>SSN or ITIN</small>	
Address:	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

B. Representative Information

Name:	<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>
Social Security Number <i>or</i> Individual Taxpayer Identification Number:		<small>SSN or ITIN</small>	
Address:	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Relationship to Claimant:	<input type="checkbox"/> Parent, Spouse or Child <input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other (specify):		

C. Certification

By signing this Certification, I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that: (a) I am authorized to act on behalf of the Incompetent claimant listed in Section A, including the authority to sign any forms or other documents required in connection with the submission or review of any claim under the Deepwater Horizon Economic & Property Damages Settlement Agreement; and (b) I shall notify the Claims Administrator promptly if my authority to act is curtailed, surrendered, withdrawn or terminated prior to payment and release of this claim. I understand that: (a) the Claims Administrator will rely on this Certification; (b) false statements or claims made in connection with this Certification may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government; and (c) suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

D. Signature

Representative Signature:		Date:	____/____/____ <small>(Month/Day/Year)</small>
Name:	<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>
Title/Type of Representative:			