

Instructions for Completing the Registration Form

Table of Contents

Title	Page
1. Instructions for Submitting a Registration Form	3
2. Definitions	4
3. Detailed Instructions for Answering Registration Form Questions	6
4. Documents to Submit with the Registration Form	15

1. Instructions for Submitting the Registration Form

1. To make a claim under the Deepwater Horizon Economic and Property Damages Settlement Agreement (the "Settlement") for damages arising from the Deepwater Horizon Incident on April 20, 2010 (the "Spill"), you must complete and submit a Registration Form, Claim Form(s) and all documentation required by the Settlement ("Supporting Documentation") to the Claims Administrator on or before **June 8, 2015**.

The final deadline to file claims with the Settlement Program was June 8, 2015. Accordingly, the Claims Administrator is no longer accepting new claim submissions at this time.

 The deadline to file Seafood Compensation Program claims expired on **January 22, 2013**.
2. Do not complete this Registration Form or any Claim Form in the Deepwater Horizon Economic and Property Settlement if you seek payment only for bodily injury arising from the Deepwater Horizon Incident. To get more information about the Medical Benefits Settlement and to determine whether you are eligible for benefits under that settlement, visit www.deepwaterhorizonsettlements.com or call 1-877-545-5111. For TTY assistance, call 1-800-877-8973.
3. If you have access to a computer with an internet connection, it will be far easier for you to fill out and submit your Registration Form online, rather than on this paper Registration Form. The online claim process will guide you through only the specific questions you need to answer, and will instruct you about the specific Supporting Documentation you must submit, based on the answers you enter as you go along. Go to www.deepwaterhorizonsettlements.com to submit a claim online.
4. If you choose to fill out a paper Registration Form rather than submit your claim online, be sure to read the entire Registration Form and fill out every section needed for the claim you wish to assert. You must also read this Instructions Booklet to know what documents you have to submit. If you need more space to answer any questions, put the answer on a separate page and attach it to the Registration Form.
5. As you complete the Registration Form, you may come across words that are unfamiliar to you. Section 2 of this Instructions Booklet defines many terms that are found in the Registration Form. Consult these definitions if you need help understanding the meaning of a particular term.
6. Any term used in the Registration Form or in this Instructions Booklet that is defined in the Settlement will have the meaning set forth in the Settlement. If there is any conflict between the terms in the Settlement and the terms in the Registration Form or in this Instructions Booklet, the meaning set forth in the Settlement controls.
7. Submit the Registration Form and all required Supporting Documentation by sending it to the Claims Administrator in one of these ways:

<p style="text-align: center;">Regular Mail: Deepwater Horizon Economic Claims Center P.O. Box 10272 Dublin, OH 43017-5772</p> <p style="text-align: center;">Overnight, Certified or Registered Mail: Deepwater Horizon Economic Claims Center c/o Claims Administrator 5151 Blazer Parkway Suite A Dublin, OH 43017</p>	<p style="text-align: center;">Fax: (888) 524-1583</p> <p style="text-align: center;">Email Attachment: ClaimForms@deepwaterhorizoneconomicsettlement.com</p>
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8. Your claim will be reviewed more quickly if you submit any Supporting Documentation along with your Registration Form. If you need to submit any Supporting Documentation separately, put your name and Tax Identification Number on a cover sheet or on the first page of what you submit, so the Claims Administrator can properly place the documents in your file.
8. If you have any questions about how to submit your claim, go to www.deepwaterhorizonsettlements.com, or call toll free at 1-800-353-1262. Do not call the Court or any Judge's office to ask questions about how to complete this Registration Form, what documentation is required, or the status of your claim, in general.

2. Definitions

1.	Bodily Injury Claims: A Bodily Injury Claim is a claim and damages, including lost wages, for or resulting from personal injury, latent injury, future injury, progression of existing injury, damage, disease, death, fear of disease or injury or death, mental or physical pain or suffering, or emotional or mental harm, anguish or loss of enjoyment of life, including any claim for mental health injury, arising out of, due to, resulting from, or relating in any way to, directly or indirectly, the Deepwater Horizon Incident.
2.	Class Period: April 20, 2010, until April 16, 2012.
3.	Commercial Fisherman: A Natural Person or entity that holds a commercial fishing license issued by the United States and/or the State(s) of Alabama, Florida, Louisiana, Mississippi and/or Texas and derives income from catching and selling Seafood that he or she caught.
4.	Current Holder of Rights: The Natural Person or entity that holds the rights to a claimant's claim.
5.	DBA Name: DBA is an abbreviation for "Doing Business As." A DBA name is a name under which a business operates other than its legal name.
6.	Dissolved Business: A business that ended as a legal entity.
7.	Economic and Property Damages Settlement Class: Economic and Property Damages Settlement Class is defined in Sections 1 and 2 of the Settlement.
8.	Economic and Property Damages Settlement Class Member: All such Natural Persons or Entities who or that satisfy the requirements for membership in the Economic and Property Damages Settlement Class and do not timely and properly Opt Out of the Economic and Property Damages Settlement Class as set forth in Section 8 of the Settlement.
9.	Effective Date: The date that the Settlement becomes effective, which is after the Court grants "final approval" of the Settlement and any appeals are resolved.
10.	Gulf Coast Claims Facility ("GCCF"): After the Deepwater Horizon incident on April 20, 2010 (the "Spill"), BP was designated by the U.S. Coast Guard as a "responsible party" under the Oil Pollution Act of 1990 ("OPA"). Pursuant to OPA, BP as a responsible party was required to establish a procedure for the payment or settlement of claims for costs and damages incurred as a result of the Spill. BP established such a procedure, but subsequently, on June 16, 2010, the White House issued a press release announcing that BP would replace its claims facility with a new and different claims facility which was called the Gulf Coast Claims Facility ("GCCF"). Kenneth R. Feinberg was selected to be the third-party administrator of the GCCF.
11.	GCCF Release and Covenant Not to Sue: A GCCF Release is the Release and Covenant Not to Sue or the Quick Payment Release executed in exchange for payment of a non-bodily injury GCCF claim.
12.	Governmental Organization: (a) the government of the United States of America, (b) any state or local government, (c) any agency, branch, commission, department, or unit of the government of the United States of America or of any state or local government, or (d) any Affiliate of, or any business or organization of any type that is owned in whole or at least 51% in part by the government of the United States of America or any state or local government, or any of their agencies branches, commissions, departments or units.
13.	Incompetent Person: A Natural Person who lacks the capacity to enter into a contract on his or her behalf at the time of a Claims Form submission to the Claims Administrator, in accordance with the state laws of that person's domicile as applied to adult capacity issues, whether through power of attorney, agency documents, guardianship, conservatorship, tutorship, or otherwise.
14.	Master Vessel Charter Agreement ("MVCA"): The standard agreements utilized by BP and its agents or subcontractors to charter the vessels available for work or service in connection with the VoO program.
15.	MDL 2179 Defendants and Employees: Defendants in MDL 2179, the federal multidistrict litigation titled, <i>In re Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf of Mexico on April 20, 2010</i> , and individuals who are current employees, or who were employees from 4/20/10 through 4/18/12, of BP or other defendants in MDL 2179. To get a list of MDL Defendants, go to www.deepwaterhorizoneconomicsettlement.com and look in the FAQ section or call 1-800-353-1262.
16.	MDL 2179 Litigation: The federal multidistrict litigation titled, <i>In re Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf of Mexico on April 20, 2010</i> .
17.	Member of the Court: Any sitting judges of the United States District Court of the Eastern District of Louisiana, their law clerks serving during the pendency of the MDL, and members of any such judge's or current law clerk's immediate family.

18.	Minor Person: A Natural Person whose age is below that of the majority rule for the state in which the minor resides at the time of a Claim Form submission to the Claims Administrator.
19.	NAICS Code: NAICS is an abbreviation for North American Industry Classification System. It is a six digit code used by various agencies to classify business establishments according to the primary revenue-producing business activity conducted by that entity. NAICS is a self-assigned system and NAICS codes are not assigned by a certain agency.
20.	Native American Tribal Entity: Indian tribes recognized by the United States Bureau of Indian Affairs. To see an official list of recognized tribes, go to www.bia.gov .
21.	Natural Person: A human being; Includes the estate of a human being who died on or after April 20, 2010. For purposes of the Settlement, a Natural Person that is the estate of a human being who died on or after April 20, 2010, a Minor Class Member or Incompetent Class Member, shall be deemed to act through his, her or its Representative.
22.	Opt Out: Opting Out is when a member of the Economic Class elects to exclude himself, herself, or itself from the Economic Class in accordance with Fed. R. Civ. P. 23(c)(2) and the procedures set forth in Section 8.2 of the Settlement and the Economic Class Action Settlement Notice.
23.	Personal Property: Property that is movable such as deck furniture, machinery or equipment (i.e., property that is not Real Property).
24.	Real Property: Includes land, buildings, and anything affixed to the land such as decks and patios. Real Property only includes those structures that are affixed to the land, not those which can be removed, such as equipment.
25.	Representative: If a claimant is a Minor or Incompetent, the Representative is the legal guardian of the claimant. If the claimant is deceased, the Representative is the duly authorized legal representative of the claimant's estate.
26.	Schedule C: Schedule C (Form 1040) is a Federal Income Tax Form used to report income or loss from a business operated by a person as a sole proprietor or from a profession practiced by a person as a sole proprietor.
27.	Schedule E: Schedule E (Form 1040) is a Federal Income Tax Form used to report income or loss from rental real estate, royalties, partnerships, S corporations, estates, trusts, and residential interests in REMICs.
28.	Schedule F: Schedule F (Form 1040) is a Federal Income Tax Form used to report farm income and expenses.
29.	Seafood: Fish and shellfish, including shrimp, oysters, crab, and finfish, caught in the Specified Waters of the Gulf of Mexico. Menhaden is not included in the definition of Seafood.
30.	Seafood Boat Captain: Natural Person who owns or operates a Commercial Fishing Vessel . In addition, the Seafood Boat Captain may plan and oversee the fishing operation, the fish to be sought, the location of the best fishing grounds, the method of capture, the duration of the trip, and the sale of the catch. A person with the job of the skipper will be considered to satisfy this definition.
31.	Seafood Boatswain: Natural Person who is a highly skilled Seafood Deckhand with supervisory responsibilities on a Commercial Fishing Vessel, and who directs the Seafood Deckhands as they carry out sailing and fishing operations.
32.	Seafood Crew: Seafood Boat Captain, Seafood First Mate, Seafood Second Mate, Seafood Boatswain, Seafood Deckhand working for a Commercial Fisherman .
33.	Seafood Deckhand: Natural Person who provides services on marine vessels (not personally owned or leased) to any type of Commercial Fisherman, including, but not limited to, the following: (a) operating fishing gear; (b) letting out and pulling nets and lines; (c) extracting the catch; (d) washing, salting, icing and stowing the catch; (e) ensuring the decks are clear and clean at all times; (f) loading equipment and supplies prior to departure; and/or (g) unloading catch.
34.	Seafood First Mate: Natural Person who assists a Seafood Boat Captain and assumes control of the Commercial Fishing Vessel when the Seafood Boat Captain is off duty, and who assists in directing the fishing operations and sailing responsibilities of the Seafood Deckhands , including the operation, maintenance and repair of the vessel and the gathering, preservation, stowing and unloading of catch.
35.	Seafood Second Mate: Natural Person who assists in performing the duties of a Seafood First Mate .
36.	Vessels of Opportunity Program ("VoO"): The program through which BP, or its contractors, contracted with vessel owners to assist in Deepwater Horizon Incident response efforts.

3. Detailed Instructions for Answering Registration Form Questions

The following instructions will take you step-by-step through the Registration Form. The sections and numbers in these instructions refer to the same sections and numbers in the Registration Form.

1. Preliminary Information

1.	Language Selection	Check the box next to the language in which you would like to receive future communications from the Claims Administrator. Choose from English, Spanish, and Vietnamese.
2.	Claimant Number	<p>If you filed a claim with the GCCF, your GCCF Claimant Number will also be your Claimant Number in the Deepwater Horizon Settlement Program. If you did not file a claim with the GCCF, you will receive a new nine-digit Claimant Number when you file your initial Registration Form with the Deepwater Horizon Settlement Program.</p> <p>If you filed a claim with the GCCF, check the box next to "GCCF Claimant Number" and write your seven-digit Claimant Number in the spaces provided. Write one number in each space.</p> <p>If you already have a Deepwater Horizon Settlement Program Claimant Number, check the box next to "Deepwater Horizon Settlement Program Claimant Number" and write your nine-digit Claimant Number in the spaces provided. Write one number in each space.</p> <p>If you do not already have a Deepwater Horizon Settlement Program Claimant Number and you did not file a claim with the GCCF, leave this question blank.</p>

3.	Excluded Claims	<p>Read options (a) through (e) carefully. If they describe you, check the box next to the description.</p> <p>Check the box next to (a) if you elected to Opt Out of the Settlement. See the definition for Opt Out in Section 2 if you do not know whether to check the box.</p> <p>Check the box next to (b) if you filed a claim with the GCCF, signed a "Release and Covenant Not to Sue" and were paid on your claim. Do not check this box if the GCCF Release you signed covered only bodily injury. If you check this box, you are only eligible to submit a VoO Charter Payment Claim Form and/or a Vessel Physical Damage Claim Form.</p> <p>Check the box next to (c) if you are a member of the Court or if you are an immediate family member of a member of the Court. Members of the Court include sitting judges on the United States District Court for the Eastern District of Louisiana and their law clerks.</p> <p>Check the box next to (d) if you are filing a claim on behalf of a Governmental Organization. To determine if this applies to your claim, see Section 2 of this Instructions Booklet for a definition of Governmental Organization. If you are filing a claim on behalf of a Native American Tribal Entity, you may consent to participate in the Settlement and you do not need to check the box. You can find a definition of Native American Tribal Entity in Section 2 of this Instructions Booklet.</p> <p>Check the box next to (e) if you were an MDL 2179 Defendant or if you are filing a claim on behalf of an MDL 2179 Defendant. Also check this box if you are currently employed by an MDL 2179 Defendant or if you were employed by an MDL 2179 Defendant at any time from April 20, 2010, to April 16, 2012. See Section 2 of this Instructions Booklet for a definition of MDL 2179 Defendants and Employees.</p> <p>If you checked a box next to any of the options, you are excluded from participating in the Settlement unless you checked the box next to option (b) and you intend to submit a VoO Charter Payment Claim and/or a Vessel Physical Damage Claim. Do not complete or submit the Registration Form or any Claim Form unless you only checked the box next to option (b) and you plan to submit a VoO Charter Payment Claim and/or a Vessel Physical Damage Claim.</p>
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2. Claimant Information

A. Individual Claimant Information

Only complete Section 2.A if you are submitting a claim as an individual. If you are submitting a claim on behalf of a business or if you are an individual claiming losses related to business income reported on Schedules C, E or F of a Form 1040, fill out Section 2.B.

If you plan to submit a claim as an individual and you also plan to submit a claim on behalf of your business, you must fill out one Registration Form as an individual and a second Registration Form on behalf of your business.

If, however, you plan to submit a claim as an individual and on behalf of your business and your business files tax returns using your personal Social Security Number or Individual Taxpayer Identification Number, you may file a single Registration Form for both your individual and business claims. If you file a single form for both individual and business claims, you must complete both Section 2.A and 2.B.

If you are completing this form on your own behalf, provide your personal information in this section. If you are completing this form on someone else's behalf, fill in the claimant's information.

The final deadline to file claims with the Settlement Program was June 8, 2015. Accordingly, the Claims Administrator is no longer accepting new claim submissions at this time.

1.	Name	Provide your full name. Include your first name, last name and middle initial.
2.	SSN or ITIN	If you have a Social Security Number (SSN), check the box next to Social Security Number. If you do not have an SSN, check the box next to Individual Taxpayer Identification Number (ITIN). Fill in your SSN or ITIN by putting one digit in each space provided in the format: XXX-XX-XXXX.
2.	Address	Print your street address, city, state, zip code, parish/county, and country in the labeled boxes. The address you provide in this section will be used by the Claims Administrator to mail you any payments. If this address changes at any time during the Settlement administration, you have an obligation to inform the Claims Administrator.
3.	Date of Birth	Provide your date of birth in this format: mm/dd/yyyy.
5.	Home Phone	Provide your home phone number by putting one number in each space in the following format: (three digit area code)-XXX-XXXX.
6.	Cell Phone	Provide your cell phone number by putting one number in each space in the following format: (three digit area code)-XXX-XXXX.
7.	Email	Provide your email address.
8.	Other Names Used	Provide the full name(s) you have gone by other than the name you provided in Question 2.A.1. Include first name, last name and middle initial for each name. Common examples of what may be listed here include maiden names, previous married names, or aliases.
9.	Marital Status	Check "Married" if you are currently married. Check "Single" if you are not currently married. If you are not married now, but were previously and are now divorced, check "Single." If you are not married now, but were previously and now your spouse is deceased, check "Single."
10.	Spouse's Name	If you checked "Married" for Question 2.A.9, provide the full name of your spouse. Include his or her First Name, Last Name and Middle Initial. If you checked "Single" for 2.A.9, leave this question blank.

B. Business Claimant Information

Only complete Section 2.B if you are submitting a claim on behalf of a business or if you are an individual claiming losses related to business income reported on Schedules C, E or F of a Form 1040, fill out Section 2.B. Fill out both Sections 2.A and 2.B only if you are making a claim as an individual and also on behalf of your business that files tax returns using your personal Social Security Number or Individual Taxpayer Identification Number.

The final deadline to file claims with the Settlement Program was June 8, 2015. Accordingly, the Claims Administrator is no longer accepting new claim submissions at this time.

B(1) Information about the Business

1.	Business Name	Provide the legal name of your business.
2.	DBA Name	If the legal name of your business provided in Question 2.B(1).1 is different from the name under which you actually do business, provide your "Doing Business As" name here.
3.	EIN	If you have an Employer Identification Number (EIN) that is the same as your Social Security Number (SSN), check first box labeled "Employer Identification Number that is also my Social Security Number." Fill in your nine-digit SSN in the spaces provided in this format: XXX-XX-XXXX. If your business has an EIN that is different from your SSN, check the second box. Fill in your nine-digit EIN in the spaces provided in this format: XX-XXXXXXX.
4.	Date and Place Incorporated	Provide the month, day and year your business was incorporated on the line after "Date" in this format: mm/dd/yyyy. Provide the state your business was incorporated on the line after "Place."

5.	NAICS Code	Provide the NAICS (North American Industry Classification System) Code for your business. You may be able to locate this number on the Federal Income Tax Form 1040 Schedules C, F, and/or K for your business. If you cannot find the NAICS Code on these tax forms, go to www.census.gov/naics to search for your code.
6.	Nature of Business	Describe the nature of your business in detail. If you need more room, you may attach additional sheets of paper to your Registration Form.
7.	Business Address	Print the street address, city, state, zip code, parish/county, and country in the labeled boxes.
8.	Business Phone Number	Provide the business's phone number by putting one number in each space provided in the following format: (three digit area code)-XXX-XXXX.
9.	Business Website	If your business has a website, provide its website address.

B(2) Information about the Authorized Business Representative

10.	Name of Authorized Business Representative	Provide your full name. Include your first name, last name and middle initial.
11.	SSN or ITIN	If you have a Social Security Number (SSN), check the box next to Social Security Number. If you do not have an SSN, check the box next to Individual Taxpayer Identification Number (ITIN). Fill in your SSN or ITIN by putting one digit in each space provided in the format: XXX-XX-XXXX.
12.	Title	Provide the title you hold in the business you described in 2.B(1).
13.	Home Address	Provide your home address. Print the street address, city, state, zip code, parish/county, and country in the labeled boxes. If your home address is the same as the business address you entered in Question 2.B(1)7, leave this section blank.
14.	Home Phone	Provide your home phone number by putting one number in each space in the following format: (three digit area code)-XXX-XXXX.
15.	Cell Phone	Provide your cell phone number by putting one number in each space in the following format: (three digit area code)-XXX-XXXX. If you do not have a cell phone number, leave this blank.
16.	Email	Provide your email address.

3. Claimants Requiring Additional Information

Only answer the questions in Section 3 if you are completing the Registration Form on behalf of a claimant who is: (1) deceased; (2) a Minor; (3) Incompetent; (4) a Dissolved Business; or (5) has been declared bankrupt or is the subject of an open and ongoing bankruptcy proceeding.

A. Deceased, Minor or Incompetent Claimants

Only answer the questions in Section 3.A if you are completing the Registration Form on behalf of a claimant who is deceased, a Minor, or Incompetent.

1.	Claimant Description	Check the box next to the appropriate description of the claimant. If the claimant is deceased, check the first box. If the claimant is a Minor, check the second box. If the claimant is Incompetent, check the third box.
2.	Deceased Claimant Information	Only answer questions in 3.A.2 if you are completing the Registration Form on behalf of a claimant who is deceased. Otherwise, leave the questions blank.
2(a)	Date of Death	Provide the date of the claimant's death in the following format: mm/dd/yyyy.

2(b)	Source of Authority	Check the box next to the source of authority you have to act on the claimant's behalf. If you have authority under a Court Order, check the first box. If you have authority under Letters of Administration, check the second box. If you have authority by some other means, check the third box and describe the source of authority in the blank after "Specify."
3.	Minor Claimant Information	Only answer questions in 3.A.3 if you are completing the Registration Form on behalf of a claimant who is a Minor. Otherwise, leave the questions blank.
3(a)	Date of Birth	Provide the Minor claimant's birth date in the following format: mm/dd/yyyy.
3(b)	State of Residence	Provide the name of the state in which the Minor resides.
3(c)	Age of Majority	Provide the age of majority in the state you entered in Question 3.A.3(b). If you do not know the age of majority you can find this information on the state government website.
4.	Incompetent Claimant	Only answer questions in 3.A.4 if you are completing the Registration Form on behalf of a claimant who is Incompetent. Otherwise, leave the questions blank.
4(a)	Date of Birth	Provide the Incompetent claimant's birth date in the format: mm/dd/yyyy.
4(b)	Reason for Incompetence	Describe the reason the claimant cannot complete the Registration Form on his or her own behalf.
4(c)	Source of Authority	Check the box next to the source of authority you have to act on the claimant's behalf. If you have authority under a Power of Attorney, check the first box. If you are the claimant's legal guardian, check the second box. If you are the claimant's legal conservator, check the third box. If you are the claimant's legal tutor, check the fourth box. If you have authority by some other means, check the fifth box and describe the source of authority in the blank after "Specify."

For Questions 3.A.5-3.A.10, provide your personal information as the claimant's representative. Answer the questions in this section if you indicated that the claimant was deceased, a Minor, or Incompetent in Question 3.A.1.

5.	Name	Provide your full name. Include your first name, last name and middle initial.
6.	SSN or ITIN	If you have a Social Security Number (SSN), check the box next to Social Security Number. If you do not have an SSN, check the box next to Individual Taxpayer Identification Number (ITIN). Fill in your SSN or ITIN by putting one digit in each space provided in the format: XXX-XX-XXXX.
7.	Address	Provide your home address. Print the street address, city, state, zip code, parish/county, and country in the labeled boxes.
8.	Home Phone Number	Provide your home phone number by putting one number in each space in the following format: (three digit area code)-XXX-XXXX.
9.	Cell Phone Number	Provide your cell phone number by putting one number in each space in the following format: (three digit area code)-XXX-XXXX. If you do not have a cell phone number, leave this blank.
10.	Email Address	Provide your email address.

B. Dissolved Businesses

Only answer the questions in Section 3.B if you are completing the Registration Form on behalf of a business claimant that has gone out of business or that is dissolved.

1.	Date Business Stopped Operating	Provide the date the business stopped operating in the format: mm/dd/yyyy.
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If there are multiple Current Holders of Rights, make one photocopy of this section for each Current Holder of Rights and answer Questions 3.B.2-3.B.5 for each one.

2.	Name of Current Holder of Rights	Provide the name of the person or business that holds the rights to the claimant's claim. If it is a business, write the full name of the business in the "Last Name or Full Name of Business" block. If it is a person, provide the last name, first name and middle initial in the appropriate boxes.
3.	Address of Current Holder of Rights	Provide the address of the person or business that holds the rights to the claimant's claim. Print the street address, city, state, zip code, parish/county, and country in the labeled boxes.
4.	Phone Number of Current Holder of Rights	Provide the phone number of the person or business that holds the rights to the claimant's claim by putting one number in each space in the following format: (three digit area code)-XXX-XXXX.
5.	Is the Current Holder of Rights a Creditor of the claimant?	Check "Yes" if the Current Holder of Rights is a creditor of the claimant. Check "No" if the Current Holder of Rights is not a creditor of the claimant.

C. Claimants Bankrupt or in Bankruptcy Proceedings

Only answer the questions in Section 3.C if you are completing the Registration Form on behalf of a claimant that has been declared bankrupt or is the subject of an open and ongoing bankruptcy proceeding.

1.	Bankruptcy Case Number	Provide the case number for the bankruptcy proceeding involving the claimant.
2.	Bankruptcy Court	Provide the name of the bankruptcy court in which the claimant's bankruptcy proceeding is pending or was decided.
3.	Type of Proceeding	Select which type of bankruptcy proceeding describes the claimant's proceeding. If the claimant's bankruptcy proceeding is for a Chapter 7 bankruptcy, check the first box. If the claimant's bankruptcy proceeding is for a Chapter 11 bankruptcy, check the second box. If the claimant's bankruptcy proceeding is for a Chapter 13 bankruptcy, check the third box.
4.	Status of Proceeding	If the claimant's bankruptcy proceeding is ongoing, check the box next to "Open." If the claimant's bankruptcy proceeding is closed, check the box next to "Closed." If you check the "Closed" box, provide the date the proceeding closed in the format: mm/dd/yyyy.
5.	Is the claim for damages that you are filing or intend to file listed as an asset of the debtor's estate?	If the claim you intend to file under the Settlement is listed as an asset in the claimant's estate, check Yes. If the claim is not listed as an asset in the claimant's estate, check No.

If there are multiple Current Holders of Rights, make one photocopy of this section for each Current Holder of Rights and answer Questions 3.C.6-3.C.9 for each one.

6.	Current Holder of Rights	Provide the name of the person or business that holds the rights to the claimant's claim. If it is a business, write the full name of the business in the "Last Name or Full Name of Business" block. If it is a person, provide the last name, first name and middle initial in the appropriate boxes.
7.	Address of Current Holder of Rights	Provide the address of the person or business that holds the rights to the claimant's claim. Print the street address, city, state, zip code, parish/county, and country in the labeled boxes.
8.	Phone Number of Current Rights Holder	Provide the phone number of the person or business that holds the rights to the claimant's claim by putting one number in each space in the following format: (three digit area code)-XXX-XXXX.
9.	Is the Current Holder of Rights a Creditor of the claimant?	Check "Yes" if the Current Holder of Rights is a creditor of the claimant. Check "No" if the Current Holder of Rights is not a creditor of the claimant.

4. Attorney Information

Complete this section if either: (1) you are represented by an attorney in connection with your claim; or (2) if the business on behalf of which you are filing a claim is represented by an attorney in connection with its claim. If you complete this section, all communication regarding the Settlement will be sent by the Claims Administrator to the attorney you identify unless the attorney instructs the Claims Administrator otherwise in writing.

1.	Are you represented by an attorney?	Check "Yes" if either: a) you are represented by an attorney in connection with your claim, or b) if the business on behalf of which you are filing a claim is represented by an attorney in connection with its claim. Check "No" if you or the business on behalf of which you are filing a claim is not represented by an attorney. If you answer "No," do not answer questions 4.2-4.6.
2.	Attorney Name	Provide the last name, first name and middle initial of the attorney representing you or the business on behalf of which you are filing a claim.
3.	Law Firm Name	Provide the full name of the law firm with which the attorney you named in Question 4.2 practices.
4.	Law Firm Address	Provide the address of the law firm you listed in Question 4.3. Print the street address, city, state, zip code, parish/county, and country in the labeled boxes.
5.	Attorney Phone Number	Provide the attorney's phone number by putting one number in each space in the following format: (three digit area code) XXX-XXXX.
6.	Attorney Email Address	Provide the attorney's email address.

5. Claims Preparer or Accountant Information

Complete this section only if a claims preparer or accountant is helping you file your claim.

1.	Are you being assisted by a Claims Preparer or Accountant?	Check "Yes" if a claims preparer or accountant is helping you file a claim under the Settlement. Check "No" if a claims preparer or accountant is not assisting you. If you answer "No," do not answer Questions 5.1-5.7.
2.	Name of Claims Preparer/Accountant	Provide the last name, first name and middle initial of the claims preparer/accountant helping you file a claim.
3.	Firm Name of Claims Preparer/Accountant	Provide the full name of the claims preparer or accounting firm that is helping you file this claim.
4.	Address of Claims Preparer/Accountant	Provide the address of the claims preparer or accountant helping you file a claim. Print the street address, city, state, zip code, parish/county, and country in the labeled boxes.
5.	Phone Number of Claims Preparer/Accountant	Provide the phone number of the claims preparer or accountant helping you file a claim by putting one number in each space in the following format: (three digit area code) XXX-XXXX.
6.	Email Address of Claims Preparer/Accountant	Provide the claims preparer's/accountant's email address.
7.	Information About Your Claim	The Claims Administrator will communicate directly with you and will not copy your claims preparer/accountant on any notices or communications on your claim. If you would like the Claims Administrator to respond to inquiries from your claims preparer/accountant on all communication, check the box.

6. Lawsuit Information

1.	Have you ever filed anything with the court regarding the Spill, either on your own or with the assistance of an attorney?	<p>Check "Yes" if you filed something with the court or an attorney filed something with the court on your behalf regarding the Spill. If you check "Yes" for Question 6.1, answer Questions 6.2-6.6 to the best of your ability.</p> <p>Check "No" if you do not remember filing anything with the court and you also do not remember anyone filing documents with the court regarding the Spill on your behalf.</p> <p>Check "Do Not Know" if you are unsure if you filed something with the court or if an attorney filed something with the court on your behalf regarding the Spill. If you check "Do Not Know" for Question 6.1, answer Questions 6.2-6.6 to the best of your ability.</p>
2.	Lawsuit Information	Provide information in Questions 6.2(a)-6.2(d) about any lawsuit that you filed or that someone filed on your behalf or on behalf of your business regarding the Spill. Answer these questions to the best of your ability. If you did not file a lawsuit and no one filed a lawsuit on your behalf or on behalf of your business, leave this section blank.
2(a)	Court/Jurisdiction	Provide the name of the court and jurisdiction in which the lawsuit was filed.
2(b)	Lawsuit Case Caption	Provide the case caption for the lawsuit.
2(c)	Lawsuit Case Number	Provide the case number for the lawsuit.
2(d)	Date Lawsuit Filed	Provide the date the lawsuit was filed.
3.	Direct Filing Short Form Information	Provide information in Questions 3(a) and 3(b) about any Direct Filing Short Form (also referred to as a "Short Form Joinder") that you filed or that someone filed on your behalf or on behalf of your business regarding the Spill. Answer these questions to the best of your ability. If you did not file a Direct Filing Short Form and no one filed a Direct Filing Short Form on your behalf or on behalf of your business, leave this section blank.
3(a)	Date Direct Filing Short Form Filed	Provide the filing date for the Direct Filing Short Form.
3(b)	Civil Action No. 2:10-08888 Docket Number	Provide the docket number for the Direct Filing Short Form.
4.	Plaintiff Profile Form	Provide information in Questions 4(a) and 4(b) about any Plaintiff Profile Form (also referred to as a "Plaintiff Fact Sheet") that you served or someone served on your behalf regarding the Spill. Answer these questions to the best of your ability. If you did not serve a Plaintiff Profile Form and no one served a Plaintiff Profile Form on your behalf, leave this section blank.
4(a)	Date Plaintiff Profile Form Served	Provide the date the Plaintiff Profile Form was served.
4(b)	LexisNexis® File and Serve E-Service Number	Provide the LexisNexis® File and Serve E-Service Number for the Plaintiff Profile Form.
5.	Claim-in-limitation	Provide information in Questions 5(a) and 5(b) about any Claim-in-limitation that you filed or that someone filed on your behalf or on behalf of your business regarding the Spill. Answer these questions to the best of your ability. If you did not file a Claim-in-limitation and no one filed a Claim-in-limitation on your behalf or on behalf of your business, leave this section blank.
5(a)	Date Claim-in-limitation Filed	Provide the filing date for the Claim-in-limitation.
5(b)	Civil Action No. 2:10-02771 Docket Number:	Provide the docket number for the Claim-in-limitation.

7. Previous Payment Information

You must complete this section. Enter information about any previous payment you received in connection with the Spill.

1.	Did you receive compensation from BP?	Check "Yes" if you received compensation from BP because of the Spill. Payments from VoO or the GCCF are not considered compensation from BP. If you only received payments from VoO and/or the GCCF, check "No." If you never received any Spill-related payments from BP, check "No."
2.	BP Compensation Amount	If you checked "Yes" for Question 7.1, provide the dollar amount of compensation you received from BP for losses related to the Spill.
3.	Did you receive compensation from VoO?	Check "Yes" if you received compensation for participating in the VoO. Check "No" if you did not participate in VoO or if you did not receive compensation from VoO.
4.	VoO Compensation Amount	If you checked "Yes" for Question 7.3, provide the dollar amount of compensation you received for participating in VoO.
5.	Did you receive compensation from the Real Estate Recovery Fund for Real Estate Brokers and Appraisers?	Check "Yes" if you received compensation from the Real Estate Recovery Fund for Real Estate Brokers and Appraisers. Check "No" if you did not receive compensation from the Real Estate Recovery Fund for Real Estate Brokers and Appraisers.
6.	Real Estate Recovery Fund for Real Estate Brokers and Appraisers Compensation Amount	If you checked "Yes" for Question 7.5, provide the dollar amount of compensation you received from the Real Estate Recovery Fund for Real Estate Brokers and Appraisers Compensation Amount.
7.	Other Spill-Related Payments	Check "Yes" if you received compensation from a source other than BP, VoO, the Real Estate Recovery Fund for Real Estate Brokers and Appraisers, or the GCCF. If you check "Yes," use the space provided below Question 7.7 to describe the source of the compensation and the reason you received the compensation. If you did not receive compensation from any other source, check "No."
8.	Other Spill-Related Payments Compensation Amount	If you checked "Yes" for Question 7.7, provide the dollar amount of compensation you received from other sources, not including any compensation you received from BP, VoO, the Real Estate Recovery Fund for Real Estate Brokers and Appraisers, or the GCCF.

8. Damage Categories

Section 8 lists each damage category available under the Settlement. Read the description of each one. If you would like to file a claim for a damage category, check the box in the column titled, "Check the Box to Request a Copy of the Claim Form." If you check this box, the Claims Administrator will mail you a paper copy of the Claim Form for the damage category that you selected.

4. Documentation to Submit with the Registration Form

If you completed Section 3.A of the Registration Form because you are completing the Registration Form on behalf of a deceased, Minor, or Incompetent claimant, you must submit documentation proving your authority to act on the claimant's behalf. You may use the checkbox next to the document type to keep track of what you are submitting to prove your authority to act on the claimant's behalf.

<input type="checkbox"/>	A. Court Order
<input type="checkbox"/>	B. Letters of Administration
<input type="checkbox"/>	C. Power of Attorney
<input type="checkbox"/>	D. Other Proof of Authority to Act on the Claimant's Behalf