

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT SUBSISTENCE CLAIM FORM (TEAL FORM)



After you complete and sign your Claim Form, submit it to the Claims Administrator as directed in the Instructions Booklet that accompanies this Claim Form. If you submit your Claim Form by mail or delivery, do not separate this cover page from the Claim Form. If you have to take this Claim Form apart to photocopy or fax it, make sure you include this cover page as the first page when you submit it.

B. Information Required for a Subsistence Claim

- | | |
|---|---|
| 1. Is your Subsistence Claim based on hunting and/or fishing losses? | <input type="checkbox"/> Hunting <input type="checkbox"/> Fishing |
| 2. Do you ever hunt or fish for pleasure or sport? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you fish or hunt to harvest, catch, barter, consume, or trade Gulf of Mexico natural resources (including Seafood and Game), in a traditional or customary manner, to sustain your basic personal or family dietary, economic security, shelter, tool, or clothing needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you checked "Yes" for Question 3, explain.

- | | |
|---|--|
| 4. Are you a deckhand? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you exempt from fishing and/or hunting licensing requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you checked "Yes" for Question 5, identify the jurisdiction(s) (state or federal) in which you are exempt and explain your exemption.

6. List the species of Game or Seafood that you hunted and/or fished for subsistence use in the year before the Spill, and identify the time periods or seasons throughout the year when you hunted and/or fished each species.

7. Provide the quantity of each species of Game and/or Seafood you fished and/or hunted in each time period or season during the year before the Spill, including the amount you consumed and the amount you gave to your family for their personal consumption or for the purposes of barter.

8. In the section below, you must state: (A) the species that you used or provided for subsistence purposes after the Spill; (B) the total lost weight of the species you could not harvest after the Spill in pounds (DO NOT include any amount that you sold); (C) the percent of the total species harvested that you would have provided to each family member for consumption purposes; and (D) the percent of the total species harvested that you would have bartered or used for other non-consumption purposes. Example: If you normally caught 100 pounds of flounder each season, you could not fish the entire season because of the Spill, and you normally trade half of your flounder harvest and eat the other half, you would complete the table as seen in the example below.

	A. Species	B. Lost Weight in Pounds	C. Percent Distributed as Food	D. Percent Bartered or Used for Non-Consumption Purposes
(EX)	Flounder	100 lbs.	50%	50%
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				
(g)				
(h)				
(i)				
(j)				
(k)				
(l)				

9. In the section below, you must state: (A) your name or the name of the family member who relied on your subsistence activities before the Spill; (B) age at the time that your losses began; (C) gender; (D) Social Security Number; (E) your family member's relationship to you; and (F) percent of your or your family member's total diet provided by your subsistence activities. The Claims Administrator will not pay consumption losses in excess of 45% of a claimant or a family member's diet. The Claims Administrator determined that 45% is the maximum reasonable percentage a claimant may claim to have come from subsistence activities. Example: If you could not harvest Seafood or Game beginning on 4/20/10, you were 50 years old on that date and 20% of the food you eat comes from your harvests, you would complete the table as seen in the example below.

	A. Name	B. Age	C. Gender	D. Social Security Number	E. Relationship	F. Percent of Diet From Subsistence Activities
(EX)	John Doe	50	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	123-45-6789	Self	20%
(a)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(b)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(c)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(d)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(e)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(f)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(g)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(h)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(i)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(j)			<input type="checkbox"/> Male <input type="checkbox"/> Female			
(k)			<input type="checkbox"/> Male <input type="checkbox"/> Female			

10. Provide a specific description of where you hunted and/or fished for each species in the Gulf of Mexico before the Spill. In addition to the written description below, also provide a map that identifies where you hunted and/or fished each species in the Gulf of Mexico before the Spill.

11. Out of the total quantity of Game and/or Seafood you and your family relied on before the Spill, approximately what percentage by species and location came from areas that were later closed, impaired, or harmed because of the Spill?

12. Describe the equipment and methods you use to hunt and/or fish for subsistence use.

13. Did you continue to fish and/or hunt for subsistence purposes *after* the Spill?

Yes No

If you checked "Yes," for Question 13, provide a specific description of where and what species you fished and/or hunted for subsistence purposes between April 20, 2010 and December 31, 2011, and what quantity of Game and/or Seafood you were able to catch over that period.

14. Did you stop fishing and/or hunting for subsistence purposes in areas that were closed, impaired, or harmed because of the Spill?

Yes No

If you checked "Yes," for Question 14, identify the area, and your best estimate of when those areas were closed, and the dates you resumed fishing and/or hunting in those areas. If you are asserting that an area was not closed but was impaired or harmed, also describe the impairment or harm. (Attach additional sheets if you need more space.)

Fishing or Hunting Area	Dates Closed or Impaired/Harmed	Date You Resumed Hunting and/or Fishing
	<p>From <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> <small>(Month/Day/Year) (Month/Day/Year)</small></p> <p><i>If not closed, basis of impairment:</i></p>	<p><u> </u>/<u> </u>/<u> </u> <small>(Month/Day/Year)</small></p>
	<p>From <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> <small>(Month/Day/Year) (Month/Day/Year)</small></p> <p><i>If not closed, basis of impairment:</i></p>	<p><u> </u>/<u> </u>/<u> </u> <small>(Month/Day/Year)</small></p>
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	<p>From <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> <small>(Month/Day/Year) (Month/Day/Year)</small></p> <p><i>If not closed, basis of impairment:</i></p>	<p><u> </u>/<u> </u>/<u> </u> <small>(Month/Day/Year)</small></p>
	<p>From <u> </u>/<u> </u>/<u> </u> to <u> </u>/<u> </u>/<u> </u> <small>(Month/Day/Year) (Month/Day/Year)</small></p> <p><i>If not closed, basis of impairment:</i></p>	<p><u> </u>/<u> </u>/<u> </u> <small>(Month/Day/Year)</small></p>

C. Documentation Required for a Subsistence Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Subsistence Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Subsistence Instructions Booklet. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

D. Payment

1. If You Have Your Own Attorney. Unless you check the box below, the Claims Administrator will make any payments jointly to you and to your attorney, which means that both you and your attorney will need to endorse the check before a bank will honor it.

Check here if you want the Claims Administrator to make payments in connection with this and any other claim you may file in the Deepwater Horizon Economic and Property Settlement *only to your attorney*. This means that the Claims Administrator will send your payment to your attorney, who will then pay you pursuant to the retainer agreement you have with him/her.

2. If You Do Not Have Your Own Attorney. If you have not retained an attorney to represent you in connection with your Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim. **You have an obligation to notify the Claims Administrator if your address changes.**

The Claims Administrator will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. The Claims Administrator will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from the Claims Administrator.

3. Garnishments, Liens and other Attachments. Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.

4. W-9 Form Requirement. All claimants must provide a W-9 Form. To obtain a copy of that form, go to www.deepwaterhorizonsettlements.com, or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

E. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim 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 Claim 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 Claim 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 for compensation and any payment resulting from that claim.

Signature:				Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last		

The claimant must sign this Claim Form personally. No one can sign on behalf of the claimant unless the claimant is deceased, a Minor, or Incompetent. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.