Power of Attorney Form

The Deepwater Horizon Economic and Property Damage Settlement Agreement requires that the claimant sign the Registration Form and Claim Form. An attorney may sign online or on a hard copy for the claimant if the attorney or the attorney's firm has a power of attorney, retainer agreement or other document signed by the claimant authorizing the attorney or the firm to pursue on behalf of the claimant any claims arising out of the Deepwater Horizon Incident. This Form is not required of all attorneys, but an attorney or firm that does not already have such a document may have the claimant sign this Power of Attorney Form to satisfy that requirement. An attorney may not sign this Form. While the Claimant must sign this Form, you may submit this in a PDF image and do not have to submit the original hard copy. A form authorizing an attorney or firm to pursue claims with the GCCF is not sufficient.

A. Claimant Information

Name:	Last Name or Full Name of Business	First Name	Middle Initial
Deepwater Horizon Settlement Program Claimant Number:	|___|___|___|___|___|___|___|___|___|___|		
Social Security Number: *or* **Individual Taxpayer Identification Number:** *or* **Employer Identification Number:**	SSN or ITIN |___|___|___| - |___|___| - |___|___|___|___| EIN |___|___| - |___|___|___|___|___|___|___|		
Current Address:	Street		
	City	State	Zip Code

B. Attorney Information

Law Firm Name:			
Attorney Name:	Last Name	First Name	Middle Initial
Law Firm Address:	Street		
	City	State	Zip Code
Attorney Phone Number:	(___|___|___) |___|___|___| - |___|___|___|___|		
Attorney Email Address:			

C. Signature

I certify to the Deepwater Horizon Economic and Property Damage Settlement Program that the attorney(s) at the law firm identified in Section B are authorized to pursue on my behalf any claims arising out of the Deepwater Horizon Incident and to execute on my behalf any Registration Form and/or Claim Form that must be submitted on my behalf under penalty of perjury in support of a claim and I understand that the Claims Administrator will treat such signature as my signature. I authorize the Claims Administrator to communicate directly with such attorney(s) and other representatives of the law firm and understand that the Claims Administrator will not communicate with me in any manner without express written permission from the attorney(s) at the law firm.

Signature:		**Date:**	_____/_____/_____ (Month/Day/Year)
Name:	Last Name	First Name	Middle Initial
Title (If a Business):			