

C. INCOME INFORMATION

Total 2009 Income from All Sources Listed Above: \$ _____

Total 2010 Income from All Sources Listed Above: \$ _____

Provide any other earnings history that you believe is relevant to support your claim, including any support for your belief that the earnings identified above are accurate:

Did your employer reduce your hours, terminate your employment and/or withdraw your offer of employment as a result of the Spill? Yes No

If "Yes," explain how the Spill caused your employer to reduce your hours, terminate your employment and/or withdraw your offer of employment:

D. WORK AVAILABILITY

Were you present and available to work for your employer as frequently as required between April 21, 2010, and December 31, 2010? Yes No

Are you seeking compensation based on a job offer made and accepted before April 20, 2010 for employment between April 21, 2010, and December 31, 2010? Yes No

If you answered "Yes" to this question, complete the questions below:

Projected/Anticipated Hours: _____

Proposed Start Date: _____
(Month/Day/Year)

Proposed End Date: _____
(Month/Day/Year)

Wage Rate: \$ _____ Hourly Salary

Did the employer withdraw the offer of employment in whole or in part? In Whole In Part

Explain how the reduction of your work, the termination of employment and/or withdrawal of an offer of employment for the period between April 20, 2010, and December 31, 2010 was due to the Spill.

E. SPONSOR SWORN WRITTEN STATEMENTS

Identify the name and address of any sponsor(s) who submitted a Sworn Written Statement on your behalf, and specify their relationship to you. I

Sponsor 1

First	Middle Initial	Last	Suffix
Street			
City	County/Parish	State	Zip
Sponsor Telephone Number	() -		
Relationship to Claimant			

Sponsor 2

First	Middle Initial	Last	Suffix
Street			
City	County/Parish	State	Zip
Sponsor Telephone Number	() -		
Relationship to Claimant			

Sponsor 3

First	Middle Initial	Last	Suffix
Street			
City	County/Parish	State	Zip
Sponsor Telephone Number	() -		
Relationship to Claimant			

F. ATTORNEY SWORN WRITTEN STATEMENTS

Identify the name and address of any attorney(s) who submitted a Sworn Written Statement on your behalf, and specify their relationship to you.

Attorney 1

First	Middle Initial	Last	Suffix
Street			
City	County/Parish	State	Zip
Attorney Telephone Number	() -		
Relationship to Claimant			

Attorney 2

First	Middle Initial	Last	Suffix
Street			
City	County/Parish	State	Zip
Attorney Telephone Number	() -		
Relationship to Claimant			

Attorney 3

First	Middle Initial	Last	Suffix
Street			
City	County/Parish	State	Zip
Attorney Telephone Number	() -		
Relationship to Claimant			

G. SEAFOOD SPILL-RELATED PAYMENTS

Provide information regarding all Seafood Spill-Related Payments, including the date, source, payment amount, purpose of payment (*e.g.*, BP Payment, Emergency Advance Payment (EAP), Interim Payment (IP), Final Payment (FP)). Provide documentation to verify these payments.

Date	Source (BP Payment, EAP, IP or FP)	BP File Number	GCCF Claimant ID	Amount
//___				\$
//___				\$
//___				\$
//___				\$
//___				\$
//___				\$

H. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement 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 Statement 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.

Date Signed:	_____ (Month/Day/Year)	_____ Signature _____ Name (Printed or Typed)
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