| SWS-5 | Seafood Crew Compensation Plan Employer Sworn Written Statement |
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If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document.

### A. CLAIMANT INFORMATION

**Name:** Last | First | Middle Initial

**Deepwater Horizon Settlement Program Claimant Number:** | | | | | | | | | | |

**Current Address:**
Street
City | State | Zip Code

**Telephone Number:** ( | | ) | | | | - | | | | |

**Social Security Number:**
*or*
**Individual Taxpayer Identification Number:** | | | | - | | | - | | | | |

### B. EMPLOYER INFORMATION

**Employer Name:**

**Employer Address:**
Street
City | State | Zip Code

**Employer Telephone Number:** ( | | ) | | | | - | | | | |

**Employer Website:**

**Business Type:**

**Vessel Name(s):**

**Size of Vessel(s):**

**Vessel Identification Number(s):**

**Home Port Dock(s) in 2009:** Parish/County

| Total Employees in 2009: | Full-Time: _____ | Part-Time: _____ |
|---|---|---|
| **Best Estimate of Your Total Customers in 2009 and 2010:** | 2009: _____ | 2010: _____ |
| **Best Estimate of the Volume of Product Your Business Produced (Such as the Volume of Seafood Harvested):** | 2009: _____ | 2010: _____ |
| **Financial Information Sufficient for Claims Administrator to Assess the Size and Scale of Your Business:** | | |
| **Total Employer Sworn Written Statements You Submitted on Behalf of Other Seafood Crew Members:** | | |

| **C. EMPLOYEE INFORMATION** | | |
|---|---|---|
| **Length of Claimant's Employment:** | ___/___/___  **to**  ___/___/___ <br> (Month/Day/Year)          (Month/Day/Year) | |
| **Was the claimant's employment steady, seasonal, year-round, or intermittent?** | ☐ Steady  ☐ Seasonal  ☐ Year-Round  ☐ Intermittent | |
| **Claimant's Position:** | | |
| **Claimant's Wage Rate in 2009:** | $_____ | ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly |
| **Claimant's Total Compensation in 2009:** | $_____  **or**  ☐ Not Employed in 2009 | |
| **Length of Claimant's Employment in 2009:** | ___/___/___  **to**  ___/___/___ <br> (Month/Day/Year)          (Month/Day/Year) | |
| **Claimant's Approximate Compensation:** | | |

| | | |
|---|---|---|
| **Did you employ and/or offer to employ the claimant during the period of April 20, 2010, to December 31, 2010?** | ☐ Yes  ☐ No | |
| **If "Yes," identify how much you planned to pay the claimant and how much you actually paid the claimant during the period of April 20, 2010, to December 31, 2010:** | Total You Planned to Pay the Claimant From April 20, 2010, to December 31, 2010:<br><br>$_____.____ | Total You Actually Paid the Claimant From April 20, 2010, to December 31, 2010:<br><br>$_____.____ |
| **Did you terminate the claimant's employment, reduce the claimant's hours of work, or withdraw an offer of the claimant's employment as a result of the Spill?** | ☐ Yes  ☐ No | |
| **If "Yes," explain how you reduced the claimant's hours, why you withdrew your offer of the claimant's employment, or why you were unable to extend the claimant's employment offer due to or resulting from the Spill:** | | |
| **Identify your relationship to the claimant:** | ☐ Non-Relative  ☐ Relative<br><br>If relative, describe relationship:_____ | |

| **D.  SIGNATURE** |
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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.

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| **Date Signed:** | ____/____/_____<br>(Month/Day/Year) | _____<br>Signature<br><br>_____<br>Name (Printed or Typed) |