

SWS-6**Seafood Crew Compensation Plan Attorney Sworn Written Statement**

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
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Deepwater Horizon Settlement Program Claimant Number:	
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Current Address:	Street		
	City	State	Zip Code

Telephone Number:	() -
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Social Security Number: <i>or</i> Individual Taxpayer Identification Number:	- -
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B. ATTORNEY INFORMATION

Attorney Name:	Last	First	Middle Initial
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Firm Name:			
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Office Address:	Street		
	City	State	Zip Code

Office Telephone Number:	() -
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Attorney Email Address:			
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Bar Association Membership Number:			
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Relationship to Claimant:			
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Date Representation Started:	___/___/___ (Month/Day/Year)
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Scope of Representation:			
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Have you made a reasonable investigation of the claimant's Claim Form and Sworn Written Statement(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you determined that the information provided in the claimant's Claim Form and Sworn Written Statement(s) is consistent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did a member of your staff investigate the information provided in the claimant's Claim Form and Sworn Written Statement(s)?	<div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p style="text-align: center; margin-top: 10px;">If "Yes," provide staff member name:</p> <p style="text-align: center; margin-top: 5px;">_____</p>
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Describe what steps you and/or your staff took to verify and investigate the claimant's information.

C. 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:	_____ <small>(Month/Day/Year)</small>	<div style="text-align: center; margin-top: 20px;"> _____ Signature </div> <div style="text-align: center; margin-top: 10px;"> _____ Name (Printed or Typed) </div>
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