

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 Claim Number:**

**Social Security Number:**  
or    -    -

**Individual Taxpayer Identification Number:**

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

### B. EARNINGS INFORMATION

<p><b>1. Tax Returns.</b> You must check both boxes to proceed with this Form. If you cannot affirm both statements, you are using the incorrect Form.</p>	<p><input type="checkbox"/> I do not have tax returns available for 2009 and 2010.  <input type="checkbox"/> I have made diligent efforts to obtain Forms W-2 for 2009 and 2010 from my employer(s) but they are not available.</p>
<p><b>2. Pay Period Earnings Documentation</b></p>	<p><input type="checkbox"/> I do not have Pay Period Earnings Documentation for the Claiming Job(s) for April 21 through December 31, 2009 and 2010, or April 21, 2009 through April 20, 2010 and April 21, 2010 through April 20, 2011 if my employer meets the definition of Primary Seafood Industry.</p>
<p><b>3. Actual Earned Income</b></p>	<p>(a) 2009 Income: \$ _____  (b) 2010 Income: \$ _____</p>
<p><b>4. Earnings History to Support Estimates in Question 3.</b> Provide a description of earnings history to support the estimates you provided in Question 3.</p>	
<p><b>5. Spill-Related Payments.</b> List any payments received from BP or the GCCF, if applicable.</p>	<p><b>A. Source(s) of Payments:</b> _____  <b>B. Amount of Payments:</b> _____</p>

### C. EMPLOYMENT HISTORY

You must provide the following information for each employer you had from April 21 through December 31 of 2009 and 2010, or April 21, 2009 through April 20, 2010 and April 21, 2010 through April 20, 2011, if your employer was in the Primary Seafood Industry. You may also provide this information for April 21 through December 31, 2011, or April 21, 2011 through April 20, 2012 in order to be potentially eligible for a Risk Transfer Premium, if the information is available.

If you had more than one employer for those periods, you must photocopy this section and fill it in for each job held. Attach the photocopies to this form.

<b>Employer Name:</b>			
<b>Address:</b>	Street		
	City	State	Zip Code
<b>Phone Number:</b>	(               )                       -		
<b>Website (if available):</b>			
<b>Employer Identification Number (if known):</b>	-		
<b>Authorized Business Representative Name:</b>	Last	First	Middle Initial
<b>1. Nature of Work the Employee Performed:</b>			
<b>2. Number of Years the Employee Worked for the Business:</b>	<b>Start Date:</b> ____/____/____  <b>End Date, if applicable:</b> ____/____/20__		<b>Total Number of Years:</b> _____
<b>3. Type of Work (circle one):</b>	Steady Employment	Seasonal	Year-Round    Intermittent
<b>4. Circumstances Surrounding Employee's Departure or Termination (if applicable)</b>			
<b>5. Claimant's Work Hour</b> Describe how your work hours were altered, including being terminated, or a withdrawal of an offer of employment, was not offered employment as a seasonal employee, or otherwise experienced a change in work hours after April 20, 2010.			

<p><b>6. Proof of Causation</b> Provide a specific explanation of how the reduction, elimination, or alteration of your work hours were due to or resulted from the Spill.</p>	
<p><b>7. Residency.</b> Provide information explaining how you were present and available to work in Zones A, B, or C in close enough proximity to work to travel to the job for the period from April 21, 2010 to December 31, 2010 (or April 21, 2010 to April 20, 2011). Claimant should also provide this information for April 21 to December 31, 2011 to be eligible for a Risk Transfer Premium. Examples include: signing a lease or rental agreement, or utility bills. Attach the documents to this Claim Form, if available.</p>	

**D. 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.

<p><b>Date Signed:</b></p>	<p align="center">_____/_____/_____ (Month/Day/Year)</p>	<p align="center">_____ Claimant Signature</p> <p align="center">_____ Name (Printed or Typed)</p>
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