

REP-1	Claimant Request for Change in Representation Status		
A. Claimant Information			
Name:	Last Name or Full Name of Business	First Name	Middle Initial
HESI/Transocean Settlement 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. Change in Primary Counsel			
Use this Section if you are represented by private Counsel and wish to change to a different private Counsel.			
Current Law Firm	Law Firm Name		
	Attorney Last Name	Attorney First Name	
Requested Law Firm	Law Firm Name		
	Attorney Last Name	Attorney First Name	
	Street		
	City	State	Zip Code
	Telephone	Email	
C. Change from Represented to Unrepresented Status			
Use this Section if you are currently represented by private Counsel and wish to proceed unrepresented. If you are unrepresented, you will receive communication directly from the HESI/Transocean Settlement Program.			
Current Law Firm	Law Firm Name		
	Attorney Last Name	Attorney First Name	
D. Change from Unrepresented to Represented Status			
Use this Section if you are not represented by private Counsel and wish to change to being represented by private Counsel. If you are represented, we will communicate directly with your private Counsel and will not communicate with you. You can contact your private Counsel for information.			
Requested Law Firm	Law Firm Name		
	Attorney Last Name	Attorney First Name	
	Street		

Requested Law Firm (continued)	City	State	Zip Code
	Telephone	Email	
E. Signature			
I ask the Claims Administrator to change my representation status as set forth above.			
Signature:			Date: <u> </u> / <u> </u> / <u> </u> (Month/Day/Year)
Name:	Last Name	First Name	Middle Initial
Title (if a Business):			