

This Sworn Written Statement may be used by a claimant. If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document. Include your Claimant Number or Social Security number/employer identification number on all additional pages.

A. CLAIMANT INFORMATION**Individual Claimant's Name or Business Name:****Halliburton/Transocean Punitive Damages & Assigned Claims Settlements Claimant Number:****Address:**

Street

City

State

Zip

Telephone Number:**Social Security Number:**

or

Individual Taxpayer Identification Number:

or

Employer Identification Number:

SSN or ITIN

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B. CHARTERBOAT OPERATOR INFORMATION

For each vessel claimed, you must submit: (1) 2010 charterboat license; (2) proof of vessel ownership/lease 4/20/2010 - 12/31/2010; and (3) proof of gulf coast area home port 4/20/2010 - 12/31/2010.

Vessel Name:**Federal Registration Number:****State Registration Number:****Vessel Home Port:****Vessel Owner/Lessee:**

Last Name or Full Name of Business

First

Middle Initial

Vessel Owner/Lessee Address:

Street

City

State

Zip

Vessel Owner/Lessee Telephone Number:**Vessel In-Service Dates (with supporting documentation, e.g. copy of ship logs, reservation book, 2010 taxes):****Vessel Revenues (with supporting documentation, e.g. copy of ship logs, reservation book, 2010 taxes):****Boat Captain(s) Name(s):****2010 Dates of Work:**

____/____/____ to ____/____/____
(Month/Day/Year) (Month/Day/Year)

C. CHARTERBOAT CREW INFORMATION

Vessel Name:			
Vessel Home Port:			
Vessel Owner/Lessee:	Last Name or Full Name of Business	First	Middle Initial
Vessel Owner/Lessee Address:	Street		
	City	State	Zip
Vessel Owner/Lessee Telephone Number:	() -		
Boat Captain(s) Name(s):			
2010 Dates of Work:	____/____/____ to ____/____/____ (Month/Day/Year) (Month/Day/Year)		

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.

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