

SWS-5	Individual Fishing Quota Claimant Sworn Written Statement
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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:	
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Halliburton/Transocean Punitive Damages & Assigned Claims Settlements Claimant Number:	_ _
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Address:	Street	State	Zip
	City		

Telephone Number:	(_ _ _) _ _ _ _ - _ _ _ _ _ _
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Social Security Number: or Individual Taxpayer Identification Number: or Employer Identification Number:	SSN or ITIN _ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ _ _ EIN _ _ _ _ - _ _ _ _ _ _ _ _ _ _
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B. INDIVIDUAL FISHING QUOTA SHARES OWNERSHIP INFORMATION

Indicate the percentage in which you jointly owned an interest in claimed IFQ shares as of April 20, 2010. In order to have the ownership percentage information presented in this SWS-5 considered as part of your award calculation, you must also submit proof of 2010 IFQ ownership from issuing agency.

	Species	Total 2010 IFQ Shares (1 IFQ Share = .0001% of Allowed Catch)	Your Ownership Interest in the Share (%)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

Did you sell/sublet your share(s) to another party at any time between April 20, 2010, and December 31, 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you sold/sublet or co-owned you share(s), have you included supporting agreements or documentation that lists the name of the seller/sub-lessor and purchaser/sub-lessee, percentages/terms, proof of payment, co-ownership agreement, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:	<hr style="width: 100%; border: 0; border-top: 1px solid black;"/> (Month/Day/Year)	<hr style="width: 80%; margin: 0 auto; border: 0; border-top: 1px solid black;"/> Signature <hr style="width: 80%; margin: 0 auto; border: 0; border-top: 1px solid black;"/> Name (Printed or Typed)
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