

SWS-7**Vessel Ownership-Lease Status Claimant Sworn Written Statement**

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:

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Address:

Street

City

State

Zip Code

Telephone Number:

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Social Security Number:

OR

Individual Taxpayer Identification Number:

OR

Employer Identification Number:

SSN or ITIN

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B. VESSEL INFORMATION

For each vessel claimed, please submit the following: (1) proof of vessel ownership/lease 4/20/2010 - 12/31/2010; (2) a completed SWS-6; (3) vessel commercial fishing licenses 2009/2010; (4) Gulf Coast Area home port or landings proof 4/20/2010 - 12/31/2010; (5) 2010 tax returns; (6) proof of vessel size & cooling mechanism (ice or freezer); and (7) vessel log, captain's log, share sheets, sales/production reports (if available).

Vessel Name

Home Port County

City

State

Zip Code

State Registration Number

Federal Registration Number

Indicate whether you owned or leased the vessel you identified in Section B during the period April 20, 2010, and December 31, 2010. Check only one box.

 I owned the vessel during the period of April 20, 2010, and December 31, 2010.

 I leased the vessel during the period of April 20, 2010, and December 31, 2010.

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:

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

Signature

Name (Printed or Typed)