



REQUEST FOR THIRD PARTY CLAIM DISPUTE RESOLUTION

You may use this form **only** to request Third Party Claim Dispute Resolution for Fee Liens for services performed in connection with a Settlement Program claim.

I. SETTLEMENT PROGRAM CLAIMANT INFORMATION

Settlement Program Claimant	Name or Full Name of Business		
Claimant Identification Number			
Address	c/o Attorney (If Represented)		
	Street		
	City	State	Zip
Telephone Number	(____)____-____		
Facsimile Number, if any	(____)____-____		
Email Address	_____@_____.		

II. THIRD PARTY CLAIMANT INFORMATION

Third Party Claimant	Name or Full Name of Business		
Address	c/o Attorney (If Represented)		
	Street		
	City	State	Zip
Telephone Number	(____)____-____		
Facsimile Number, if any	(____)____-____		
Email Address	_____@_____		



III. SUMMARY OF DISPUTE

Summary of Dispute	Brief Summary of Issues in Dispute

IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you have any questions about the Third Party Claims Dispute Resolution Process, send an email to questions@gulfspillpunitiveclaimsettlement.com.

You may also visit <http://www.gulfspillpunitiveclaimsettlement.com> to review Frequently Asked Questions and the Rules Governing the Third Party Claims Dispute Resolution Process.

V. HOW TO SERVE THIS REQUEST ON THE CLAIMS ADMINISTRATOR

You may submit this Request in either of the following ways:

By Mail	HESI/Transocean Punitive Damages & Assigned Claims Settlements PO Box 10260 Dublin, OH 43017-5760
By Email	questions@gulfspillpunitiveclaimsettlement.com
By Overnight, Certified or Registered Mail	HESI/Transocean Punitive Damages & Assigned Claims Settlements ATTN: Third Party Claims 5151 Blazer Pkwy, Suite A Dublin, OH 43017-5760