



**WITHDRAWAL OF THIRD PARTY CLAIM DISPUTE
FROM THIRD PARTY CLAIMS DISPUTE RESOLUTION PROCESS**

I. SETTLEMENT PROGRAM CLAIMANT INFORMATION

Settlement Program Claimant Name	Name or Full Name of Business		
Claimant Identification Number			
Address	Street		
	City	State	Zip

II. THIRD PARTY CLAIMANT INFORMATION

Third Party Claimant Name	Name or Full Name of Business		
Address	Street		
	City	State	Zip

III. SUMMARY OF DISPUTE RESOLUTION

Agreed Amount to be Paid to Third Party Claimant	
Agreed Amount to be Paid to Claimant	

Note: It is understood that the Claims Administrator will pay the parties these amounts according to the provisions of the Settlement Agreement and Court Orders regarding settlement interpretation, including the Court Approved Procedure Order No. 1 regarding Third Party Claims and the May 18, 2018 Order limiting attorneys' fees, if applicable.

IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you have any questions about withdrawing your Dispute, send an email to questions@gulfspillpunitivedamagesettlement.com.



V. HOW TO SERVE THIS WITHDRAWAL ON THE CLAIMS ADMINISTRATOR

Submit this Form in any of the following ways:

By Mail	HESI/Transocean Punitive Damages & Assigned Claims Settlements PO Box 10260 Dublin, OH 43017-5760
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
By Email	questions@gulfspillpunitiveclaimsettlement.com

VI. HOW TO SERVE THIS WITHDRAWAL ON THE OPPOSING PARTY

Serve a copy of this Withdrawal on the opposing party by email, mail, or any other legal form of service under applicable law per Rule 5 of the Rules Governing the Third Party Claims Dispute Resolution Process.

VII. SIGNATURE

Both the Settlement Program Claimant and Third Party Claimant must submit a signed copy of this Withdrawal to the Claims Administrator and to the opposing party. By signing this Withdrawal, each party certifies the following:

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Withdrawal is true and accurate to the best of my knowledge, and I understand that false statements or claims made in connection with this Withdrawal may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government.

I certify that I have/will serve a copy of this signed Withdrawal on the opposing party.

By submitting this Withdrawal, I consent to the payment of Settlement Payment Funds according to the terms in Section III.

Signature			Date	
Printed Name	First	Middle	Last	
Title, if a Business:				