

If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document. Claimant, complete Section A before submitting this Form to the Canceling Party.

A. CLAIMANT INFORMATION

Name: Last First Middle Initial

Deepwater Horizon Settlement Program Claim Number:

Social Security Number: or

Individual Taxpayer Identification Number:

Current Address: Street City State Zip Code

B. CANCELING PARTY INFORMATION

Name:

Current Address: Street City State Zip Code

Telephone Number: () -

Social Security Number: or SSN or ITIN
Individual Taxpayer Identification Number: or EIN
Employer Identification Number:

Authorized Business Representative Name: Last First Middle Initial

C. CANCELLATION OF THE EVENT

1. Description of the Event: I am providing the following information about the canceled Event:

A. The Type or Nature of Event:

B. Date(s) of the Event: ___/___/ 2010

C. Location of the Event:

D. Claimant's Relationship to the Event:

2. Causation:

I, or my business, canceled the event between April 21, 2010 and December 31, 2010 as a result of the Deepwater Horizon Spill.

3. Loss to Claimant:

A. The Claimant did lose income as a result of the cancellation of the event.

(1) Amount of contract: \$ _____

(2) Amount of contract to be paid to claimant, if different from the amount in (1): \$ _____

B. The Claimant did not lose income as a result of the cancellation of the event.

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)

Canceling Party Signature

Name (Printed or Typed)