

Documents Required to Verify Lost Quantities of Seafood and Game Designated for Bartering Use in Subsistence Claims

- 1. *Introduction.*** Under Section B.2 of Exhibit 9 to the Settlement Agreement, compensation for quantities of lost natural resources include “natural resources given to members of [a] Claimant’s extended family unit for their personal consumption or for the purposes of barter.” While the Settlement Agreement contemplates compensation for bartering losses, Louisiana, Alabama, Florida, Mississippi and Texas all have made it illegal to sell Seafood harvested under a recreational fishing license, even if the claimant is exempt from the recreational license requirement because of age, military status, hardship or provisions of special gear. The Gulf States also make it illegal for anyone to barter Game.

The Claims Administrator has recently sought input from the Parties on the issue of legal bartering activity and how to compensate Subsistence claimants who allege bartering losses. After reviewing comments from the Parties, the Claims Administrator adopted the rules and criteria set out in this Alert for the processing of bartering claims in the Subsistence Program.

- 2. *Third Party and Claimant Sworn Written Statements Required to Verify Lost Quantities of Seafood and Game Designated for Bartering Use.*** Going forward, all claimants who allege lost Seafood or Game designated for bartering use must submit: (1) one or more Third Party Sworn Written Statements to verify lost quantities of bartered Seafood or Game, (2) a Claimant Sworn Written Statement that is sufficiently detailed to confirm that he or she participated in legal bartering activities; and (3) the law(s), statute(s), ordinance(s), rule(s) or regulation(s) that authorize bartering activity, or other law(s), statute(s), ordinance(s), rule(s) or regulation(s) confirming that such bartering activity is not prohibited in the claimed location(s) with citation or reference to the source of the law(s), statute(s), ordinance(s), rule(s) or regulation(s) (claimants that barter under a Commercial Fishing License are excused from this requirement). For example, a claimant who barter on a Native American reservation must submit and provide the citation or source of the law that authorizes bartering activity on the reservation in his or her Claimant Sworn Written Statement.

The Third Party Sworn Written Statements must describe: (1) the species the claimant bartered before the Spill; (2) the total pounds bartered on each occasion; (3) the frequency of the bartering activity (weekly, monthly, yearly, etc.); and (4) the type of items, services or goods the claimant received in exchange for Seafood or Game. A form Subsistence Third Party Sworn Written Statement (SWS-33) is attached as **Exhibit A**, and a form Subsistence Claimant Sworn Written Statement for Bartering Losses (SWS-46) is attached as **Exhibit B**. The Court-Appointed Distribution Agent Team will determine whether the information a claimant provides in these Sworn Written Statements demonstrates that the claimant bartered legally in a certain location or under a type of fishing or hunting license that permits the claimant to trade Seafood or Game.

- 3. *Questions.*** If you have any questions regarding the information in this Alert, please email us at Questions@dhccc.com, call us at 1-800-353-1262, or visit a Claimant Assistance Center. Law firms should contact their Law Firm Contacts for assistance.

Exhibit A

Subsistence Claim Third Party Sworn Written Statement

If you need additional space to complete this form, attach pages to be incorporated into this document. Be sure to include your name and DWH Identification Number on any additional pages.

A. CLAIMANT INFORMATION

The claimant must complete this section.

Name: Last Name, First Name, Middle Initial

Deepwater Horizon Settlement Program Claimant Number: [grid]

Current Address: Street, City, State, Zip Code

Social Security Number: or Individual Taxpayer Identification Number: SSN or ITIN [grid]

B. CAPTAIN INFORMATION

If the claimant is a deckhand, his or her captain must complete this section. If the claimant is not a deckhand, leave this section blank.

Name: Last, First, Middle Initial

Current Address: Street, City, State, Zip Code

Commercial Fishing License Number: Issuing State:

Issue Date: (Month/Day/Year) Expiration Date: (Month/Day/Year)

Length of Claimant's Employment: (Month/Day/Year) to (Month/Day/Year)

List the area(s) where you harvested Seafood with the claimant before the Spill.

[Large empty box for listing harvested areas]

Were any of these area(s) closed, impaired, or harmed because of the Spill? Yes No

If Yes, did the closure, impairment, or harm affect the claimant's employment? Yes No

If Yes, describe how the closure, impairment, or harm affected the claimant's employment (*i.e.*, reduction of hours, termination of employment or rescinded employment offer).

In the section below, you must state: (A) the species you provided to the claimant before the Spill; (B) the total pounds of Seafood that you provided to the claimant after each harvest (including both edible and inedible portions); and (C) the frequency of your harvests (weekly, monthly, yearly, etc). Example: If you normally provided 30 pounds of blue crab to the claimant after each harvest before the Spill, and you harvest blue crab one time each month, you would complete the table as seen in the example below.

	A. Species	B. Pounds Distributed to the Claimant Per Harvest	C. Frequency of Harvests (Weekly/Monthly/Yearly)
EX.	Blue Crab	30 lbs.	Monthly
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

C. BARTERER OR BARTERING ACTIVITY WITNESS INFORMATION

If you bartered Seafood or Game with the claimant in exchange for other items, services, or goods or you witnessed the claimant's bartering activity, you must complete this section. If you did not barter Seafood or Game with the claimant in exchange for other items, services, or goods or you did not witness the claimant's bartering activity, leave this section blank.

Barterer or Witness Name:	Last	First	Middle Initial

Current Address:	Street		
	City	State	Zip Code

Identify your relationship to the claimant.

Describe the claimant's bartering activity and your basis of knowledge of these facts.

In the section below, you must state: (A) the species the claimant bartered before the Spill; (B) the total pounds bartered on each occasion; (C) the frequency of the bartering activity (weekly, monthly, yearly, etc.); and (D) the type of items, services, or goods the claimant received in exchange for Seafood or Game.
 Example: If the claimant normally traded 50 pounds of flounder per week in exchange for fuel, you would complete the table as seen in the example below.

	A. Species	B. Pounds Bartered	C. Frequency of Bartering Activity	D. Items/Services Received
EX.	Flounder	50	Weekly	Fuel
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Exhibit B

**Subsistence Claimant Sworn Written Statement for Bartering
Losses**

If you need additional space to complete this form, attach pages to be incorporated into this document. Be sure to include your name and DWH Identification Number on any additional pages.

A. CLAIMANT INFORMATION

Name:	Last Name	First Name	Middle Initial

Deepwater Horizon Settlement Program Claimant Number: | | | | | | | | | | | | | | | | | |

Current Address:	Street		
	City	State	Zip Code

Social Security Number: <i>or</i> Individual Taxpayer Identification Number:	SSN or ITIN
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B. BARTERING LOSS INFORMATION

1. Did you barter Seafood exclusively under a Commercial Fishing License? If Yes, submit copies of your Commercial Fishing License(s) or license records to the Settlement Program, unless you have already provided these records. You also do not need to complete Question 3 of this Form. If No, you must complete Question 3 of this Form.

Yes No

2. Identify the location(s) of your bartering activity.

Location Name			
Street			
City	State	Zip Code	

Identify the goods or services you received in exchange for the Seafood or Game you bartered at this location and the frequency in which you visited this location to barter (weekly, monthly, yearly, etc.).

A.

	Location Name		
	Street		
	City	State	Zip Code
B.	<p>Identify the goods or services you received in exchange for the Seafood or Game you bartered at this location and the frequency in which you visited this location to barter (weekly, monthly, yearly, etc.).</p>		
	<p>3. Identify or attach the law(s), statute(s), ordinance(s), rule(s) or regulation(s) that authorize bartering activity, or other law(s), statute(s), ordinance(s), rule(s) or regulation(s) confirming that such bartering activity is not prohibited in the claimed location(s) you identified in Question 1 of this Form. In the space below, you may also explain the applicable law(s), statute(s) ordinance(s), rule(s) or regulation(s).</p>		

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.

An attorney may sign the claimant's name on this Sworn Written Statement if the claimant has authorized the attorney in a Power of Attorney Agreement, a retainer agreement, or other document signed by the claimant in which the claimant has authorized the attorney or law firm to pursue claims for the claimant arising out of the Deepwater Horizon Incident. If the attorney chooses this option, the attorney must either submit, or have already submitted, a PDF of the signed authorization from the claimant before the signature can be accepted. If the attorney does not have a signed authorization from the claimant, the attorney may use the Power of Attorney Form created by the Claims Administrator for this purpose (POA-1), which is available using the Forms section of the website, www.deepwaterhorizonsettlements.com.

As the authorized attorney, by signing below, you are certifying that you have the required written authorization from the claimant to pursue claims for the claimant arising out of the Deepwater Horizon Incident on their behalf and have submitted this authorization.

<p>Claimant Signature</p> <p>Date Signed:</p>	<p align="center">_____/_____/_____ (Month/Day/Year)</p>	<p align="center">_____ Signature</p> <p align="center">_____ Name (Printed or Typed)</p>
<p>Attorney Signature</p> <p>Date Signed:</p>	<p align="center">_____/_____/_____ (Month/Day/Year)</p>	<p align="center">_____ Signature</p> <p align="center">_____ Name (Printed or Typed)</p>