SWS-11

One Time Loss Sworn Written Statement

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. CLAI MANT I NFORMATI ON					
Name:	Last		First	Middle Initial	
Deepwater Horizon Settlement Program Claim Number:					
Social Security Number:					
or					
Individual Taxpayer I dentification Number:					
Current Address:	Street				
	City		State	Zip Code	
B. CANCELI NG PARTY I NFORMATI ON					
Name:					
	Street				
Current Address:	City	State		Zip Code	
Telephone Number:		,			
Number.		SSN or ITIN			
Social Security	Number:			I	
or Individual Tax	payer I dentification Nur	mber:			
or		EIN			
Employer I den	tification Number:				
Authorized Bus Representative			First	Middle Initial	
C. CANCELLATION OF THE EVENT					
1. Description	of the Event: I am provi	ding the following inforr	mation about the canceled Event:		
A. The Type or Nature of Event:					
B. Date(s) of the Event:			// 2010		
C. Locatio	n of the Event:				
D. Claimai the Eve	nt's Relationship to ent:				

	business, canceled the event betwowater Horizon Spill.	reen April 21, 2010 and December 31, 2010 as a result		
3. Loss to Claimai A. The Clai	nt: imant did lose income as a result of	f 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. SI GNATURE				
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)		