



Sep 16 2011  
4:09PM

**IN RE: OIL SPILL by “Deepwater Horizon”**

**AMENDMENT TO DIRECT FILING SHORT FORM (or PLAINTIFF PROFILE F**

Authorized by Order of the Court, Civil Action No. 10-md-2179 Rec. Doc. 4043  
(Copies of said Order having also been filed in Civil Actions No. 10-8888 and 10-2771)

**Please include any information that adds to or is different from your original Short Form or Plaintiff Profile Form.**  
*(It will be presumed, for all spaces left blank on this form, that the information is the same.)*

MDL 2179 and Civil Action No. 10-2771

SECTION: J

JUDGE CARL BARBIER

**CLAIM IN LIMITATION / JOINDER IN MASTER ANSWER / INTERVENTION AND JOINDER  
IN MASTER COMPLAINTS – PLAINTIFF/CLAIMANT PROFILE AMENDMENT FORM**

**By submitting this document, I, or the business I am authorized to act for, hereby amend the claims or information provided in the Short Form (or Plaintiff Profile Form) identified below.**

Short Form filed? YES  NO

**If yes, list your Original Short Form Document Number** (this is the document filing number to you upon filing your Short Form with the Court).

Short Form Document No.: \_\_\_\_\_ (filed in No. 10-8888).

Plaintiff Profile Form served? YES  NO

**If yes, list your “LexisNexis® File & Serve” Number** (this is the 8-digit number stamped on the Plaintiff Profile Form when it is filed on LexisNexis® File & Serve).

LexisNexis® File & Serve No.: \_\_\_\_\_

**If yes, please provide the following information about your original case:**

Original Case Caption: \_\_\_\_\_

Original Civil Action No.: \_\_\_\_\_

Originating Court: \_\_\_\_\_

EDLA Civil Action No.: \_\_\_\_\_

Last Name	First Name	Middle Name/Maiden	Suffix
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Phone Number	E-Mail Address
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Address	City / State / Zip
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<b>INDIVIDUAL CLAIM</b> <input type="checkbox"/>	<b>BUSINESS CLAIM</b> <input type="checkbox"/>
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Employer Name	Business Name
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Job Title / Description	Type of Business
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Address	Address
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City / State / Zip	City / State / Zip
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<sup>1</sup> **If amending a Short Form**, this form should be filed with the U.S. District Court for the Eastern District of Louisiana, 500 Poydras Street, New Orleans, Louisiana 70130, in Civil Action No. 10-8888. **If amending a Plaintiff Profile Form**, this form should be served on all counsel using LexisNexis® File & Serve, as provided in Pre-Trial Order No. 12 [Doc. 600].

Last 4 digits of Social Security Number	Last 4 digits of Tax ID Number
Attorney Name (if applicable)	Firm Name (if applicable)
Address	City / State / Zip
Phone Number	E-Mail Address
Claim filed with BP?      YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list BP Claim No.: _____	Claim Filed with GCCF?      YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list Claimant Identification No.: _____
<p><b>Claim Type (Please check all that apply):</b></p> <input type="checkbox"/> Damage or destruction to real or personal property <input type="checkbox"/> Earnings/Profit Loss <input type="checkbox"/> Personal Injury/Death <input type="checkbox"/> Fear of Future Injury and/or Medical Monitoring <input type="checkbox"/> Loss of Subsistence use of Natural Resources <input type="checkbox"/> Removal and/or clean-up costs <input type="checkbox"/> VoO Charter Dispute <input type="checkbox"/> Other _____	

**Brief Description:**

- 1. For earnings/profit loss, property damage and loss of subsistence use claims, describe the nature of the injury. For claims involving real estate/property, include the property location, type of property (residential/commercial), and whether physical damage occurred. For claims relating to fishing of any type, include the type and location of fishing grounds at issue.**

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- 2. For personal injury claims, describe the injury, as well as how and when it was sustained. Also, Bundle A plaintiffs should identify all health care providers from January 1, 2008 to present, and complete authorizations for release of medical records for each. Bundle B3 plaintiffs should identify all health care providers from April 20, 2010 to present, and complete authorizations for release of medical records for each. Bundle A plaintiffs should also identify all employers from January 1, 2008 to present and complete authorizations for release of employee/personnel records for each employer. Bundle B3 plaintiffs should identify all employers from January 1, 2010, and provide authorizations, if your personal injury took place after April 20, 2010 and you are claiming damages for lost work-time as a result of those personal injuries.<sup>2</sup> [Additional authorizations may be required.]**

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- 3. For post-explosion claims related to clean-up or removal, include your role or your business's role in the clean-up activities, the name of your employer (if applicable), and where you were working.**

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<sup>2</sup> All authorization forms should be sent directly to Liskow & Lewis, One Shell Square, 701 Poydras Street, Suite 5000, New Orleans, LA 70139-5099, or served on all counsel using LexisNexis® File & Serve, as provided in Pre-Trial Order No. 12 [Doc. 600]. Any and all documents obtained in connection with these authorizations shall be treated as "Confidential Access Restricted" under the Order Protecting Confidentiality (Pre-Trial Order No. 13), and subject to full copies of same being made available to the Plaintiff (or his attorney if applicable) filing this form and PSC through Plaintiff Liaison Counsel.

Please check the box(es) below that you think apply to you and your claims:

**Non-governmental Economic Loss and Property Damage Claims (Bundle B1)**

- 1. Commercial fisherman, shrimper, crabber, or oysterman, or the owner and operator of a business involving fishing, shrimping, crabbing or oystering.
- 2. Seafood processor, distributor, retail and seafood market, or restaurant owner and operator, or an employee thereof.
- 3. Recreational business owner, operator or worker, including a recreational fishing business, commercial guide service, or charter fishing business who earn their living through the use of the Gulf of Mexico.
- 4. Commercial business, business owner, operator or worker, including commercial divers, offshore oilfield service, repair and supply, real estate agents, and supply companies, or an employee thereof.
- 5. Recreational sport fishermen, recreational diver, beachgoer, or recreational boater.
- 6. Plant and dock worker, including commercial seafood plant worker, longshoreman, or ferry operator.
- 7. Owner, lessor, or lessee of real property alleged to be damaged, harmed or impacted, physically or economically, including lessees of oyster beds.
- 8. Hotel owner and operator, vacation rental owner and agent, or all those who earn their living from the tourism industry.
- 9. Bank, financial institution, or retail business that suffered losses as a result of the spill.
- 10. Person who utilizes natural resources for subsistence.
- 11. Other: \_\_\_\_\_

**Post-Explosion Personal Injury, Medical Monitoring, and Property Damage Related to Clean-Up (Bundle B3)**

- 1. Boat captain or crew involved in the Vessels of Opportunity program.
- 2. Worker involved in decontaminating vessels that came into contact with oil and/or chemical dispersants.
- 3. Vessel captain or crew who was not involved in the Vessels of Opportunity program but who were exposed to harmful chemicals, odors and emissions during post-explosion clean-up activities.
- 4. Clean-up worker or beach personnel involved in clean-up activities along shorelines and intercoastal and intertidal zones.
- 5. Resident who lives or works in close proximity to coastal waters.
- 6. Other: \_\_\_\_\_

Both BP and the Gulf Coast Claims Facility ("GCCF") are hereby authorized to release to the Defendants in MDL 2179 all information and documents submitted by above-named Plaintiff and information regarding the status of any payment on the claim, subject to such information being treated as "Confidential Access Restricted" under the Order Protecting Confidentiality (Pre-Trial Order No. 13), and subject to full copies of same being made available to both the Plaintiff (or his attorney if applicable) filing this form and PSC through Plaintiff Liaison Counsel.

\_\_\_\_\_  
Claimant or Attorney Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date