

# LAW OFFICES OF BOBBY JONES, P.A.

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## BP Claims Form - Individual

Have you previously filed a claim with BP/GCCF \_\_\_\_\_

Name (last, first, middle initial) \_\_\_\_\_

Other Names Used (maiden, previous married, etc) \_\_\_\_\_

Current Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Employer \_\_\_\_\_

Street Address/City/State/Zip/County \_\_\_\_\_

Employer Identification Number (found on W-2) \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Dates of Employment \_\_\_\_\_

After the Spill, April 20, 2010, were your hours reduced and if so state the hours you worked prior to the spill and the how much they were reduced after the spill? \_\_\_\_\_

Current/Previous Employer \_\_\_\_\_

Street Address/City/State/Zip/County \_\_\_\_\_

Employer Identification Number (found on W-2) \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Dates of Employment \_\_\_\_\_

After the Spill, were your hours reduced and if so state the hours you worked prior to the spill and the how much they were reduced after the spill? \_\_\_\_\_

Current/Previous Employer \_\_\_\_\_

Street Address/City/State/Zip/County \_\_\_\_\_

Employer Identification Number (found on W-2) \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Dates of Employment \_\_\_\_\_

After the Spill, were your hours reduced and if so state the hours you worked prior to the

spill and the how much they were reduced after the spill? \_\_\_\_\_

Do you own or serve as an officer of any business listed above (if yes, provide % of ownership/office held and name of business) \_\_\_\_\_

Did you suffer any cleanup costs due to the Spill? \_\_\_\_\_

Did you suffer any property damage due to the Spill? \_\_\_\_\_

Did you suffer any losses to your ability to rely on natural resources for Subsistence? \_\_\_\_\_

Did you suffer a physical injury, due to the Spill? \_\_\_\_\_

Have you received any compensation from BP for your losses due to the spill? \_\_\_\_\_

Have you received any compensation from GCCF for your losses due to the spill? \_\_\_\_\_

Have you received compensation for state unemployment benefits? \_\_\_\_\_

If received unemployment, state the time period for which you received benefits. \_\_\_\_\_

State the total amount of unemployment benefits received. \_\_\_\_\_

Have you received compensation from private insurance for any losses due to the spill? \_\_\_\_\_

Have you received any other replacement income, such as severance pay? \_\_\_\_\_

## Documents Needed by Individuals

\_\_\_\_\_ Federal Income Tax Return from 2009

\_\_\_\_\_ Federal Income Tax Return from 2010 (If you have not filed your taxes yet, paycheck stubs and W-2 will be required.)

\_\_\_\_\_ All paycheck stubs from 1/1/2008 through present. If you do not have your paycheck stubs the firm will be glad to obtain them for you.

\_\_\_\_\_ Any documentation of unemployment or severance benefits

\_\_\_\_\_ If you lost your job after the spill, describe all attempts to obtain replacement work including businesses where you applied and the person(s) who conducted the interview. Please provide a separate, neatly handwritten or typed explanation of your particular situation and efforts.

\_\_\_\_\_ Copy of Drivers License

\_\_\_\_\_ Copy of Social Security Card

Please return to:  
The Law Offices of Bobby Jones, P.A.  
Attention: Bobby Jones  
6570 30th Avenue North  
St. Petersburg, Florida 33710