**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OKLAHOMA**

|  |  |  |
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| Click or tap here to enter text., |  |  |
| Plaintiff, |  |  |
| vs. |  | Case No.: Click or tap here to enter text. |
|  |  |  |
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| Click or tap here to enter text., |  |
| Defendant. |  |  |

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| **DISCLOSURE STATEMENT** | | | | | | | | | | | | | | | | | |
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| |  |  | | --- | --- | | **“PARTY” DEFINED:** | Within this form, the terms “party” and “parties” refer to any party, intervenor, or proposed intervenor to this action. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Pursuant to Fed. R. Civ. P. 7.1 and LCvR7.1-1: | | | | | | | | | | | | | | | | | |
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| *[enter name of party on the line above]* | | | | | | | | | | | | | | | | | |
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| who is a (check one) | | | | |  | PLAINTIFF | |  | DEFENDANT | | | |  | OTHER: |  | | |
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| in this action, makes the following disclosures: | | | | | | | | | | | | | | | | | |
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| **INSTRUCTIONS**: | | | 1. Determine which part(s) of the form apply:  * Part I is applicable in diversity cases only and must be completed by all parties. * Part II is applicable in all cases and must be completed by all nongovernmental parties that are not natural persons. * Part III is applicable in all cases and must be completed by all nongovernmental parties.  1. Check the applicable box or boxes, and fully provide any required information. 2. Attach separate pages as necessary to fully provide required information. | | | | | | | | | | | | | | |
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|  | **PART I: CITIZENSHIP (diversity cases only)** | | | | | | | | | | | | | | | | |
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|  | This party is an individual who is a citizen of the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | |
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|  | This party is a corporation incorporated in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and with a principal place of business in \_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | |
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|  | This party is a noncorporate entity (e.g., an unincorporated association, a sole proprietorship, a limited liability company, a joint venture, a general partnership, a limited partnership, a limited liability partnership, a business trust). | | | | | | | | | | | | | | | | |
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|  | If yes, identify the nature of the entity, the members of the entity and the member’s state of citizenship. If any member is itself a noncorporate entity, the citizenship for each sub-member of the noncorporate entity member must be provided as well. | | | | | | | | | | | | | | | | |
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|  | This party is a traditional trust. | | | | | | | | | | | | | | | | |
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|  | If yes, identify each trustee and each trustee’s state of citizenship. If any trustee is a noncorporate entity, the citizenship for each member of the noncorporate entity trustee must be provided as well. | | | | | | | | | | | | | | | | |
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|  | **PART II: NONGOVERNMENTAL ENTITY DISCLOSURES (all cases)** | | | | | | | | | | | | | | | | |
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|  | This party is not publicly held and has no parents/subsidiaries, or any other ownership/relationships described below. | | | | | | | | | | | | | | | | |
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|  | This party is publicly held. | | | | | | | | | | | | | | | | |
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|  | This party has one or more parent entities. | | | | | | | | | | | | | | | | |
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|  | If yes, identify all parent entities, including grandparent and great-grandparent entities. | | | | | | | | | | | | | | | | |
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|  | This party has one or more subsidiaries. | | | | | | | | | | | | | | | | |
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|  | If yes, identify all subsidiaries. | | | | | | | | | | | | | | | | |
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|  | Ten percent or more of the stock of this party is owned by a publicly held corporation or other publicly held entity. | | | | | | | | | | | | | | | | |
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|  | If yes, identify all such owners. | | | | | | | | | | | | | | | | |
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|  | This party is a trade association. | | | | | | | | | | | | | | | | |
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|  | If yes, identify all members of the association, their parent entities, and any publicly held companies that own ten percent or more of a member’s stock. | | | | | | | | | | | | | | | | |
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|  | **PART III: OTHER INTERESTED PERSONS AND ENTITIES (all cases)** | | | | | | | | | | | | | | | | |
|  | Another person, corporation, or noncorporate entity related to the party—**not already identified through other answers**—has a direct financial interest in the outcome of the litigation. | | | | | | | | | | | | | | | | |
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|  | If yes, identify all persons, corporations, or noncorporate entities and the nature of their interest. If the interested entity is a noncorporate entity (e.g., an unincorporated association, a sole proprietorship, a limited liability company, a joint venture, a general partnership, a limited partnership, a limited liability partnership, a business trust), identify the nature of the entity, each member of the entity with a direct financial interest in the outcome of the litigation, and the nature of each member’s interest. | | | | | | | | | | | | | | | | |
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|  | There are no known interested persons, corporations, or noncorporate entities with a direct financial interest in the outcome of the litigation other than those participating in the case. | | | | | | | | | | | | | | | | |
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| **Any additional pertinent information should also be provided on attached page(s).** | | | | | | | | | | | | | | | | | |
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| **DATED** this | |  | | day of | | |  | | , | 20 |  | . | | | |  | |
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| Signature: | | | | | | | | |  | | | | | | | |  |
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| Printed Name: | | | | | | | | |  | | | | | | | |  |
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| Firm Name: | | | | | | | | |  | | | | | | | |  |
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| Address: | | | | | | | | |  | | | | | | | |  |
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| City, State, Zip Code: | | | | | | | | |  | | | | | | | |  |
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| Phone/Fax: | | | | | | | | |  | | | | | | | |  |
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| Email Address: | | | | | | | | |  | | | | | | | |  |
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| **CERTIFICATE OF SERVICE** | | | | | | | | | | | |
| I hereby certify that on | | | | |  | | | | (Date), I electronically transmitted the foregoing document to the | | |
| Clerk of Court using the ECF System for filing and transmittal of a Notice of Electronic Filing to the following ECF registrants (names only are sufficient): | | | | | | | | | | | |
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| I hereby certify that on | | | | |  | | | | (Date), I served the same document by | | |
|  | | | | | | | | | | | |
|  |  | U.S. Postal Service | | | | |  | In Person Delivery | | | |
|  | | | |  | | | | | | | |
|  |  | Courier Service | | | | |  | E-Mail | | | |
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| on the following, who are not registered participants of the ECF system: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name(s) and Address(es): | | | | | |  | | | | | |
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|  | | | | | | | | | | Signature | |