

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
CJA ATTORNEY PAYEE REGISTRATION**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**Indicate below how payments should be reported to the IRS:**

\_\_\_\_\_ Under my social security number and name, as indicated above,

**OR**

\_\_\_\_\_ To the law firm with which I am affiliated. The law firm's taxpayer identification number, name and address are:

Taxpayer Identification Number of Law Firm: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Law Firm Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney Signature: \_\_\_\_\_

Date: \_\_\_\_\_