

**United States District Court
Northern District of Ohio
CJA Attorney Payee Registration**

Name:	
Social Security #:	
Mailing Address:	
Telephone:	

Please Indicate below how payments should be reported to the IRS: (Select One Only)

<input type="checkbox"/>	Under my social security number and name, as indicated above,
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Or

<input type="checkbox"/>	To the law firm with which I am affiliated.
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The law firm's taxpayer identification number, name and address are:

	TIN #	
	Law Firm Name:	
	Address:	

Signature		Date	
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