ATTORNEY DATA FORM

Please complete this form and return it with your CJA voucher to:
United States Court of Appeals for the Tenth Circuit, Office of the Clerk,
Byron White United States Courthouse, 1823 Stout Street, Denver, Colorado 80257

Social Security Number: _____

Name and Mailing Address: _____

_____

_____

Telephone Number: _____

Email Address: _____

Indicate below your choice of 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. I have provided my Social Security Number as indicated above **and** the Law Firm's Taxpayer Identification Number, Name and Address are:

_____

Taxpayer Identification Number of Law Firm (required if affiliated with a firm)

_____

Name of Law Firm

_____

Address of Law Firm

City: _____ State: AL

Zip Code: _____

Signature: _____ Date: _____