

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
CJA EXPERT REGISTRATION FORM**

**PERSONAL INFORMATION**

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

D/B/A NAME: \_\_\_\_\_

**MAILING ADDRESS**

STREET: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Do you have an existing eVoucher account with another Court?**    \_\_\_ Yes    \_\_\_ No  
If yes, indicate the email address that is used:

\_\_\_\_\_

**SELECT THE TYPE(S) FOR THE EXPERT SERVICE PROVIDER**

- |   |   |
|---|---|
| <input type="checkbox"/> Investigator                       | <input type="checkbox"/> Other Medical                        |
| <input type="checkbox"/> Interpreter/Translator             | <input type="checkbox"/> Voice/Audio Analyst                  |
| <input type="checkbox"/> Psychologist                       | <input type="checkbox"/> Hair/Fiber Expert                    |
| <input type="checkbox"/> Psychiatrist                       | <input type="checkbox"/> Computer (Hardware/Software/Systems) |
| <input type="checkbox"/> Polygraph                          | <input type="checkbox"/> Paralegal Services                   |
| <input type="checkbox"/> Documents Examiner                 | <input type="checkbox"/> Legal Analyst/Consultant             |
| <input type="checkbox"/> Fingerprint Analyst                | <input type="checkbox"/> Jury Consultant                      |
| <input type="checkbox"/> Accountant                         | <input type="checkbox"/> Mitigation Specialist                |
| <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)         | <input type="checkbox"/> Duplication Services                 |
| <input type="checkbox"/> Chemist/Toxicologist               | <input type="checkbox"/> Litigation Support Services          |
| <input type="checkbox"/> Ballistics                         | <input type="checkbox"/> Computer Forensics Expert            |
| <input type="checkbox"/> Weapons/Firearms/Explosives Expert | <input type="checkbox"/> Other (Specify):                     |
| <input type="checkbox"/> Pathologist/Medical Examiner       |   |

**The following steps are necessary to establish an eVoucher account with the Southern District of Ohio:**

1. Upon receipt of this form, the CJA Specialist will create an eVoucher account and/or link the account to an existing account. Email notifications will be sent to the Service Provider.
2. As the Expert Service Provider, I am required to create a Login.gov account and establish payment credentials in Vendor Manager System (“VMS”) for electronic fund transfer payments. **Vouchers cannot be submitted and payments are disbursable without a current Login.gov account and the VMS account. Paper checks are no longer issued for payment.**
3. I am a U.S. citizen or other U.S. person.

Expert Signature: \_\_\_\_\_

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

Please complete, sign, and return the registration form:

Email: [cja@ohsd.uscourts.gov](mailto:cja@ohsd.uscourts.gov)

OR mail to:

Potter Stewart U.S. Courthouse – Attn: M. Rogers,  
100 East Fifth Street, Room 103,  
Cincinnati, OH 45202