

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

PERSONAL INFORMATION

NAME: _____
SOCIAL SECURITY NUMBER (Required): _____

MAILING ADDRESS

STREET: _____
CITY, STATE ZIP: _____
PHONE NUMBER: _____
CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____

INDICATE HOW PAYMENTS SHOULD BE REPORTED TO THE IRS:

Under my social security number and name, as indicated above.

OR

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

Taxpayer identification number: _____
Firm/Company name: _____
Firm/Company Address: _____

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person

Attorney Signature: _____ Date: _____

Please **sign and return** the registration form to:

Potter Stewart U.S. Courthouse,
100 East Fifth Street, Room 103, Cincinnati, OH 45202 – Attn: M. Rogers
OR via email: cja@ohsd.uscourts.gov

NOTE: IRS form W-9 is required for both the attorney & the firm. Submit a *separate* form for each with the registration form.