

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

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
DBA NAME: \_\_\_\_\_  
SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

**MAILING ADDRESS**

STREET: \_\_\_\_\_  
CITY, STATE ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
CELL PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**TYPE OF SERVICE PROVIDERS**

- |   |   |
|---|---|
| <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       |   |

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

Expert 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](mailto:cja@ohsd.uscourts.gov)

**Note: IRS form W-9 is required to be submitted along with this registration form.**