



ATTORNEY DATA FORM

Please complete this form and return it to: United States District Court, ATTN: CJA Division, 333 Lomas Blvd., Suite 270, Albuquerque, NM 87102

Name: _____

Social Security Number: _____ - _____ - _____

Mailing Address:

Telephone Number: (_____) _____ - _____ **Fax 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 Information is below:

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

Name of Law Firm: _____

Address of Law Firm:

Signature: _____

Date: _____