



## 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:** \_\_\_\_\_