

Please complete this form and return it with your CJA voucher to:
United States Court of Appeals for the Tenth Circuit, Office of the Clerk,
Byron White United States Courthouse, 1823 Stout Street, Denver, Colorado

PANEL ATTORNEY DATA

Social Security Number: _____ - _____ - _____

Name and Mailing Address: _____

Telephone: _____

Initial below your choice of how payments should be reported to the IRS:

_____ Under my Social Security Number and Name, as indicated above.

_____ To the law firm with which I am affiliated. I have provided my Social Security Number as indicated above **and** the law firm's Taxpayer Identification Number, Name and Address are:

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

Name of Law Firm

Address of Law Firm

City

State

Zip Code

Signature

Date