

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

CJA ATTORNEY REGISTRATION FORM

NAME: _____
SOCIAL SECURITY NUMBER: (Required for attorneys) _____
MAILING ADDRESS: _____

CONTACT INFORMATION FOR ATTORNEY APPOINTMENTS:

TELEPHONE: _____
CELL PHONE: _____
ALTERNATE CONTACT: _____
ALTERNATE CONTACT PHONE NO.: _____
EMAIL: _____

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 firms'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 return the registration form to:
United States District Court, Clerk's Office - Suite 2300, 1 Courthouse Way, Boston, MA 02210
Attn: Finance Department