

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

CJA EXPERT REGISTRATION FORM

NAMES: _____
DBA NAME: _____
SOCIAL SECURITY NUMBER/TIN: _____
MAILING ADDRESS: _____

PHONE NUMBER: _____
EMAIL ADDRESS: _____

TYPE OF SERVICE PROVIDER

- | | | | | | |
|----|--------------------------|---------------------------------------|----|--------------------------|--------------------------------------|
| 01 | <input type="checkbox"/> | Investigator | 17 | <input type="checkbox"/> | Hair/Fiber Expert |
| 02 | <input type="checkbox"/> | Interpreter/Translator | 18 | <input type="checkbox"/> | Computer (Hardware/Software/Systems) |
| 03 | <input type="checkbox"/> | Psychologist | 19 | <input type="checkbox"/> | Paralegal Services |
| 04 | <input type="checkbox"/> | Psychiatrist | 20 | <input type="checkbox"/> | Legal Analyst/Consultant |
| 05 | <input type="checkbox"/> | Polygraph | 21 | <input type="checkbox"/> | Jury Consultant |
| 06 | <input type="checkbox"/> | Documents Examiner | 22 | <input type="checkbox"/> | Mitigation Specialist |
| 07 | <input type="checkbox"/> | Fingerprint Analyst | 23 | <input type="checkbox"/> | Duplication Services |
| 08 | <input type="checkbox"/> | Accountant | 24 | <input type="checkbox"/> | Other (Specify): |
| 09 | <input type="checkbox"/> | CALR (Westlaw/Lexis, etc.) | 25 | <input type="checkbox"/> | Litigation Support Services |
| 10 | <input type="checkbox"/> | Chemist/Toxicologist | 26 | <input type="checkbox"/> | Computer Forensics Expert |
| 11 | <input type="checkbox"/> | Ballistics | | | |
| 13 | <input type="checkbox"/> | Weapons/Firearms/Explosives
Expert | | | |
| 14 | <input type="checkbox"/> | Pathologist/Medical Examiner | | | |
| 15 | <input type="checkbox"/> | Other Medical | | | |
| 16 | <input type="checkbox"/> | Voice/Audio Analyst | | | |

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 return the registration form to:

United States District Court, Clerk's Office - Suite 2300, 1 Courthouse Way, Boston, MA 02210

Attn: Finance Department

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