

CJA VENDOR FORM

01 Investigator

If Service Provider, select one of the following subcategories:

13 Pathologist / Medical Examiner

VENDOR TYPE: (Please select one) 02 Interpreter / Translator 14 Other Medical Expert 03 Psychologist 15 Voice / Audio Analyst 04 Psychiatrist 16 Hair/Fiber Expert ATTORNEY / FIRM CLIENT 05 Polygraph Examiner 17 Computer - Hard/Software 06 Documents Examiner 18 Paralegal Services 19 Legal Analyst / Consultant 07 Fingerprint Analyst **SERVICE** REPORTER 20 Jury Consultant 08 Accountant (Choose subcatagory) --->> 21 Mitigation Specialist 09 CALR (Westlaw/Lexis etc.) 10 Chemist / Toxicologist 22 Duplication Services 11 Ballistics Expert 23 Other 12Weapons/Firearms/Explosives Expert SOCIAL SECURITY NUMBER: _____ - _____ (Mandatory even if affiliated with a firm and will be using an EIN) NAME AND MAILING ADDRESS: (Last name, first name, middle initial or middle name) PHONE: EMAIL: Indicate below your choice of how payments should be reported to the IRS Under my social security number and name, as indicated above. To the firm with which I am affiliated. The firm's Taxpayer Identification Number (EIN), name and address are: TAXPAYER IDENTIFICATION NUMBER (EIN):_____-FIRM NAME AND MAILING ADDRESS: Under penalties of perjury, I certify that: 1 The Taxpayer Identification Number (SS, TIN, or EIN) listed above is correct and assigned to the aforementioned name (or business name), and 2 I'm not subject to backup withholding because: (a) I'm exempt from backup withholding, or (b) I have not been notified by the 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 (defined below). • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). SIGNATURE:_____ DATE: _____

^{***}Vendors are also required to complete a W-9 which can be found at: http://mtd.uscourts.gov/forms-you-need-use