United States District Court
Middle District of Florida

CJA PAYEE REGISTRATION AND CHANGE OF ADDRESS

New attorney ☐ Change of Address ☐

NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____
REQUIRED FIELD

MAILING ADDRESS: _____

_____

_____

TELEPHONE: _____ - _____ - _____

FAX NUMBER: _____ - _____ - _____

E-MAIL ADDRESS: _____ @ _____

Indicate below how payments should be reported to the IRS:

Under my SSN and name, as indicated above.

– OR –

To the firm with which I am affiliated. The firm's taxpayer identification number, name and address are:

Taxpayer ID No. of Firm: _____ - _____

Firm Name: _____

Firm Address: _____
(If different from above)

_____

_____

Payee Signature: _____ Date: _____
(mm/dd/yy)

Please return this form to:

Joan Calcutt
CJA Deputy Clerk for the
Middle District of Florida

FAX:
407-835-4228

Print