

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: _____

Please return this form to:

Dana M. Hand
CJA Deputy Clerk for the
Middle District of Florida

FAX:
407-835-4228