

UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT  
141 CHURCH STREET  
NEW HAVEN, CONNECTICUT 06510  
(203) 773-2140

ROBERTA D. TABORA  
CLERK

DINAH MILTON KINNEY  
CHIEF DEPUTY

**CJA PANEL ATTORNEY DATA INFORMATION SHEET**

**PLEASE COMPLETE AND RETURN THIS SHEET TO LORI INFERRERA, DIVISION MANAGER,**  
**BY REGULAR MAIL TO 141 CHURCH STREET, NEW HAVEN, CT 06510, BY FAX (203-773-2334), OR**  
**BY SCANNING INTO PDF FORMAT AND EMAILING TO lori\_inferrera@ctd.uscourts.gov**

**SOCIAL SECURITY NUMBER [required for any CJA payments]:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
***This number must be supplied, even if your firm receives the payments!***

**NAME AND MAILING ADDRESS (all fields are required to be completed):**

\_\_\_\_\_  
Last name, first name, middle initial or middle name

\_\_\_\_\_  
Street address and/or P.O. Box

\_\_\_\_\_  
City, state, zip code

\_\_\_\_\_  
**Email Address - REQUIRED!**

**TELEPHONE NUMBER:** \_\_\_\_\_  
Area code/telephone

**INITIAL BELOW YOUR CHOICE OF HOW PAYMENTS SHOULD BE REPORTED TO IRS:**

1. \_\_\_\_\_ Under my social security number and name, as indicated above
2. \_\_\_\_\_ To the law firm with which I am affiliated. The law firm's Taxpayer Identification Number, Name and Address are:

\_\_\_\_\_  
Taxpayer Identification Number of Law Firm  
***This number must be supplied if you selected option #2 above!***

\_\_\_\_\_  
Name of Law Firm

\_\_\_\_\_  
Street Address of Law Firm

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
**Signature of CJA Panel Attorney**

\_\_\_\_\_  
**Date**