

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

NOTICE TO CJA PANEL ATTORNEYS
RE: CJA Panel Attorney Information Sheet
Revised 6/9/10

In September 1999, our district converted to a national payment system for Criminal Justice Act appointments. The process requires that each attorney appointed pursuant to the CJA complete an Attorney Information Sheet, to verify address and payment information.

Please complete the form and return it to the Hartford office. Failure to complete this information will result in a delay in any payments due to you for work performed on any case in which you were assigned as CJA counsel.

Your cooperation and assistance are appreciated. With this information, we can assure that your payments will be processed smoothly. If you have any questions, please contact:

Bonnie D'Onofrio, Deputy Clerk
450 Main Street, Hartford, CT 06103
telephone: (860) 240-3206
fax: (860) 240-3211
email: bonnie_donofrio@ctd.uscourts.gov

ROBERTA D. TABORA, Clerk

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 Bonnie D'Onofrio, Deputy Clerk,
BY REGULAR MAIL TO 450 Main Street, Hartford, CT 06103, BY FAX (860-240-3211), OR
BY SCANNING INTO PDF FORMAT AND EMAILING TO bonnie_donofrio@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