## **CJA VENDOR FORM**

		II Solvice Florider, select one of the folic	wing soucategories.
		01 Investigator	14 Pathologist / Medical Examiner
VENDOR TYPE: (Please select of	one)	02 Interpreter / Translator	15 Other Medical Expert
			16 Voice / Audio Analyst
ATTODNEY / FIDM	OUTAIT		17 Hair/Fiber Expert
ATTORNEY / FIRM	CLIENT	05 Polygraph Examiner	18 Computer - Hard/Software
		06 Documents Examiner	19 Paralegal Services
REPORTER	SERVICE	07 Fingerprint Analyst 08 Accountant	20 Legal Analyst / Consultant 21 Jury Consultant
KEI OKTEK			* *
	(Choose subcatagory)>>	09 CALR (Westlaw/Lexis etc.)10 Chemist / Toxicologist	22 Mitigation Specialist 23 Duplication Services
		11 Ballistics Expert	24 Other
		13 Weapons/Firearms/Explosives I	
<b>AXPAYER IDENTIFICATION N</b>	UMBER (SS/TIN):	Mandatory even	if affiliated with a firm)
NAME AND MAILING ADDRESS			
Last name, first name, middle initial or m	iddle name)		
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SUONE.			
PHONE:			
To the firm with whice	urity number and name, as indicat th I am affiliated. The firm's Taxpa	yer Identification Number (EIN), na	me and address are:
	.5500		
FIRM NAME AND MAILING ADD	RESS:		
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	matific almosts		
Jnder penalties of perjury, I ce 1 The Taxpayer Identification Num		correct and assigned to the aforementic	ned name (or business name) and
, ,		sckup withholding, or (b) I have not been	· · · · · · · · · · · · · · · · · · ·
		vidends, or (c) the IRS has notified me t	
•	person (defined below).	The state of the s	
An individual who is a U.S. citizen of	or U.S. resident alien		
A partnership, corporation, compan	y, or association created or organized	in the United States or under the laws-	of the United States,
An estate (other than a foreign esta A domestic trust (as defined in Reg	• •		
,	• • •		
IONATUDE:		DATE.	
IGNATURE:		1141E'	