



ATTORNEY DATA FORM

Please complete this form and return it (via mail, fax, or email) to:

Federal Public Defender
ATTN: CJA Resource Counsel
111 Lomas Blvd., Suite 501
Albuquerque, NM 87102
(505) 346-2494 Fax
marc_robert@fd.org

Name: _____

Social Security Number: _____

Mailing Address:

Telephone Number: (____) ____-____

Fax Number: (____) ____-____

Email Address: _____

Indicate below your choice of how payments should be reported to the IRS:

Under my Social Security Number and Name, as indicated above; **or**

To the law firm with which I am affiliated. I have provided my Social Security Number as indicated above **and** the Law Firm's Information is below:

Taxpayer Identification Number of Law Firm (required if affiliated with a firm): ____-_____

Name of Law Firm: _____

Address of Law Firm:

Signature: _____

Date: _____