

CJA EXPERT SERVICES PROVIDER INFORMATION FORM

TXWD – CJA Expert Services Provider Information Form and Substitute W-9 04/2019

In order to add your CJA record, this form must be completed and returned in accordance with the instructions on page 2.

Add/Update Vendor Record

REQUESTING ATTORNEY:

Add/Update Mentee Record

(Please print clearly)

Select Expert Specialty Type:

(Please choose at least one specialty)

<input type="checkbox"/> Accountant	<input type="checkbox"/> Hair/Fiber Expert	<input type="checkbox"/> Paralegal Services
<input type="checkbox"/> Ballistics Expert	<input type="checkbox"/> Interpreter/Translator	<input type="checkbox"/> Pathologist/Medical Examiner
<input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	<input type="checkbox"/> Investigator	<input type="checkbox"/> Polygraph Examiner
<input type="checkbox"/> Chemist/Toxicologist	<input type="checkbox"/> Jury Consultant	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Computer (Hardware/Software/Systems)	<input type="checkbox"/> Legal Analyst/Consultant	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Computer Forensics Expert	<input type="checkbox"/> Litigation Support Services	<input type="checkbox"/> Voice/Audio Analyst
<input type="checkbox"/> Documents Examiner	<input type="checkbox"/> Mitigation Specialist	<input type="checkbox"/> Weapons/Firearms/Explosives Expert
<input type="checkbox"/> Duplication Services	<input type="checkbox"/> Other	
<input type="checkbox"/> Fingerprint Analyst	<input type="checkbox"/> Other Medical Expert	<input type="checkbox"/> Court Reporter

Provider Name: _____
First Middle Last

Company Name: _____
(If you do business under a company name, please enter it here)

Email Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

Payment Mailing Address: _____

Social Security/Tax ID Number: _____
(Please enter the tax identification number reflected on your IRS Income tax return)

Payments should be reported to the IRS under:

(Please check one)

My Social Security Number (SSN) and name.

The Tax Identification Number (TIN) of the company to which I am affiliated.

Type of Organization for 1099 reporting: (check one)

sole proprietorship; health care provider; corporate entity (*not tax-exempt*); partnership;

corporate entity (*tax exempt*); government entity (*type in either federal, state or local*) _____;

other (*explain*) _____

Certification

Under penalties of perjury, I certify:

1. The number above is my correct taxpayer identification number (or I am waiting for a number to be assigned to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

You must check box next to item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Date: _____

(Signature)

Definitions:

"Taxpayer Identification (TIN)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN). "U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\) and 3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041 and 6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order. The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

The vendor is an agency or instrumentality of a foreign government.

Return by U.S. Mail to:

Executive Office of the Clerk

U. S. District Court

Attn: CJA Clerk

727 E. Cesar E. Chavez Blvd., Ste. A-500

San Antonio, TX 78206

OR

Return by Fax to:

Attn: CJA

(210) 472-5697

NO PAYMENTS WILL BE MADE UNTIL THIS COMPLETED FORM IS RETURNED