

**CRIMINAL JUSTICE ACT
PANEL ATTORNEY FORM**

(1) NAME: _____
(First) (Middle) (Last)

(2) FIRM NAME: _____

(3) OFFICE ADDRESS: _____
P.O. Box (if any) and Street Address

(City) (State) (Zip Code)

(4) COUNTY: _____

(5) OFFICE TELEPHONE NO: _____ FAX NO: _____
(Area Code) (Telephone Number) (Area Code) (Fax Number)

(6) HOME TELEPHONE NO: _____
(Area Code) (Telephone Number)

(7) SOCIAL SECURITY NUMBER: _____

(7a) FEDERAL TAX IDENTIFICATION NUMBER: _____
*(Please refer to Criminal Justice Act Information sheet before completing items 7 or 7a.)

(8) EDUCATION BACKGROUND

Undergraduate _____

Law School _____

(9) DATE OF ADMISSION: (a) State _____

(b) Federal _____

(10) BRIEFLY DESCRIBE YOUR TRIAL EXPERIENCE

FEDERAL

STATE

Felony: _____

Felony: _____

Misdemeanor: _____

Misdemeanor: _____

(11) HAVE YOU ATTENDED ANY SEMINARS ON THE FEDERAL SENTENCING GUIDELINES? Yes No

(12) I WOULD PREFER ASSIGNMENT OF CASES IN THE:
 Portland Office Bangor Office No Preference

(13) I HAVE EXPERIENCE IN THE FOLLOWING TYPES OF CRIMINAL CASES:

Drugs/Narcotics Firearms Fraud
 Embezzlement Immigration Larceny/Theft
 Other _____

(14) I AM FLUENT IN A FOREIGN LANGUAGE(S): Yes No

Specify: _____

CJA ATTORNEY PAYEE REGISTRATION

NAME: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

MAILING ADDRESS: _____

TELEPHONE: _____

Indicate below 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. The law firm's taxpayer identification number, name and address are:

Taxpayer Identification Number of Law Firm _____

Law Firm Name: _____

Law Firm Address: _____

Attorney Signature

Date