

**United States District Court  
District of North Dakota**

**CJA SERVICE PROVIDER PAYEE REGISTRATION**

Name:

Social Security Number:

Mailing Address:

Telephone Number:

E-mail address:

**Indicate below how payments should be reported to the IRS**

Under my Social Security Number and name, as indicated above

**OR**

To a business with which I am affiliated.

The business' taxpayer identification number, name and address are:

Tax Identification  
Number of Business:

Business Name:

Business Address:

\_\_\_\_\_  
Service Provider Signature

\_\_\_\_\_  
Date