

PANEL ATTORNEY DATA FORM

(This form provides your personal data and is your authorization for how your payments are made and reported)

Attorney Bar #

State

Social Security Number:

Name and mailing address (Please type or clearly print):

Office telephone number: (_____) (_____)

Fax number: (_____) (_____)

Cell number: (_____) (_____)

E-mail address: _____

How should payments be reported to the IRS for 1099 purposes:

Under my social security number and name, as indicated above.

To the law firm that I am employed by. (If checked, please complete below information)

Taxpayer ID:

Name of Firm: _____

Address: _____

(Actual signature required-Electronic signatures are not permitted)

Signature: _____

Date: _____