

PANEL ATTORNEY DATA

Social Security Number: _____

Name & Mailing Address:

(Last name, first name, middle initial or middle name)

Telephone: _____

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

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

_____ To the law firm with which I am affiliated. The law firm's Taxpayer Identification
Number, Name and Address are:

_____ (TIN)

_____ (Name of law Firm)

_____ (Address)

(Signature)

(Date)