

AUTHORIZATION TO PAY A LAW FIRM FOR ATTORNEY APPOINTMENTS

I authorize the Colorado Judicial Department to issue payments for my appointments to the following law firm:

Firm Name: _____

Firm President/Head: _____

Federal Tax Identification Number: _____

I understand that the Colorado Judicial Department will issue all payments to the law firm identified above until notified by me of any change in payment arrangements. I understand that it is my responsibility and the law firm's responsibility to resolve any problems caused by payments issued under the incorrect identification number due to the timing of payment processing. Attached is a W-9 from the law firm.

Signed:

Attorney Name

Attorney Signature

Date

Law Firm President/Head Signature

Date

Please submit completed form to:

Financial Services Division
CAC Payment Processing
State Court Administrator's Office
101 West Colfax Avenue, Suite 500
Denver CO 80202
FAX: 303-837-2340

For questions concerning this form, please contact Josie Danhauer at 303-837-3639 or Jay Dierks at 303-837-3317.