

**Justice Administrative Commission**  
**Due Process Vendor Designation of E-Mail Address**  
**Fax to (866) 428-1357**

Vendor Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Type of Service (Please check any service you would like to provide):

Consultant  Subpoena Process Server

Court Reporter  Investigator

Translator  Interpreter

Videographer  Computer Media Analyst

Printing and Reproduction

Evaluator/examiner **Please circle appropriate type:** medical, mental health, biological evidence, crime scene, computer media analysis, DUI, other

Expert Witness **Please circle appropriate type:** medical, mental health, biological evidence, crime scene, computer media analysis, DUI, other

Other Services: please describe: \_\_\_\_\_

Tax ID/SS# \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**This form may not be used to change your Tax ID number or address.**

- If you would like to change your mailing address, please submit an IRS W-9 form.
- If you would like to change your Tax ID number, please submit a new Agreement for Due Process Services and an updated IRS W-9 form.