

WARREN COUNTY AUDITOR

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Indigent Attorney Social Security / Tax Identification Number Verification Form

This form is **required if an attorney does not provide a SSN/Tax ID** on the Motion, Entry, and Certification for Appointed Counsel Fees form.

Attorney Name: _____

Address: _____

Firm Name: _____
(If applicable)

SSN/Tax ID: _____

This is the identification number where payment for services should be reported. (Example: Individual Social Security Number or Tax Identification number of the firm where you work)

I hereby certify that the payment for services provided should be reported under the above SSN/Tax ID number for case # _____.

(Attorney Signature)

(Date)