

**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

\_\_\_\_\_  
Law Firm President/Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please submit completed form to:

Financial Services Division  
CAC Payment Processing  
State Court Administrator's Office  
1300 Broadway, Suite 1200  
Denver CO 80203  
FAX: 720-625-5933

Or

Scan/Email to: [CACpayments@judicial.state.co.us](mailto:CACpayments@judicial.state.co.us).

For questions concerning this form, please contact [CACpayments@judicial.state.co.us](mailto:CACpayments@judicial.state.co.us).