

eVoucher Panel Attorney or Expert Electronic Registration Form

To register for eVoucher, you will be required to complete this form and email it to <u>cja_alexandria@vaed.uscourts.gov.</u> By submitting the registration form, you are acknowledging that you have completed the training modules. Once submitted, you will be issued a login and password to access eVoucher.

(*)Represents a Required Field.

| *First Name: | | |
|-----------------|----------------------------|--|
| Middle Name: | | |
| *Last Name: | | |
| *SSN: | | |
| *Address: | _ | |
| *Address: | | |
| *City: | | |
| *State: | | |
| *Zip Code: | | |
| *Email: | | |
| *Phone: | | |
| Must check one: | CJA Attorney 🗌 or Expert 🔲 | |

* By placing an "X" in the acceptance box below, I state that I agree to adhere to Court rules, orders, and policies and procedures governing the use of the eVoucher, and that I have reviewed and completed the eVoucher training modules. If I believe that my password has been compromised, I will notify the Court immediately for a new password to be issued.

Note: To ensure that you will receive eVoucher notifications, verify that your filtering software does not block transmissions from the Court.