

**United States District Court
Eastern District of Kentucky
eVoucher Data Collection Form**

Name

Firm Name, if applicable

Provider Type (e.g. attorney, expert, etc.)

Expert Type, if applicable (e.g. interpreter)

Address

Email Address

Primary Telephone Number

CM/ECF User Login

SSN (Required)

Tax ID Number

Bar Number

Division(s) in Which You Practice – Mark All That Apply

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Frankfort (3)

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