



**NOMINATION FORM**

**MARVIN J. GLINK PRIVATE PRACTICE LOCAL  
GOVERNMENT ATTORNEY AWARD**

**Fax Completed Form to (202) 785-0152**

**NOMINATED BY:** \_\_\_\_\_

Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip

Telephone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

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

**NOMINEE BASIC INFORMATION:**

1. Full Name: \_\_\_\_\_

2. Title: \_\_\_\_\_

3. Firm Name: \_\_\_\_\_

4. Current Local Government Representation: \_\_\_\_\_

5. Education (beyond high school): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Years in private practice and history of local governments represented and/or public offices held:

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7. Legal scholarship (Please cite [or enclose, if feasible] publications, legislative drafting examples, briefs, opinions):

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8. Service to the legal profession (include, for example, membership in and offices held in bar associations and other relevant professional organizations; *pro bono publico* work):

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9. Community Service and activities (include, for example, civic groups; church groups; public radio/TV commentator; public-voter forums; fund-raising for community causes):

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10. Awards and honors received (including but not limited to fellowships and scholarships):

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Signature of nominator

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Date of signature