NOMINATION FORM

IMLA DISTINGUISHED PUBLIC SERVICE 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. Current Employer: _________________________

4. Local government represented: ______________

5. Education (beyond high school): ______________

6. Years in public service and position(s) held:

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

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):

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

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

___________________________________________
Signature of nominator

___________________________________________
Date of signature