



**NOMINATION FORM**  
**Outstanding State League Counsel Award**

Please submit any additional pages if you feel there is not enough room on this form to provide a sufficient answer to any of the questions below.

**Full Name of Nominee**

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**eMail and Phone Number of Nominee**

E \_\_\_\_\_ P \_\_\_\_\_

**Nominees Title and State League or Association Name**

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**Is Nominee In-House or Outside Counsel to the State League/Association?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If outside counsel, who is nominee's employer?**

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**Education (beyond high school)**

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**Total Years in Legal Practice**

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**Years in Legal Practice Representing State League/Association**

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**NOMINEE DESCRIPTIVE INFORMATION**

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

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2. Please describe the demonstrated commitment of the nominee to the practice of local government law AND exceptional accomplishments by the nominee in serving the nominee's association:

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3. Please provide examples of the nominee's demonstrated commitment to serving the state league/association members, such as providing local government law education to the nominee's members:

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4. Service to the legal profession and the public, above and beyond his or her occupational duties (include, for example, membership in and offices held in bar associations and other relevant professional organizations; *pro bono publico* work):

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

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**Full Name of Nominator**

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**Title of Nominator**

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**eMail and Phone Number of Nominator**

**E** \_\_\_\_\_ **P** \_\_\_\_\_

**Signature of Nominator**

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**Date**

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**Please email the completed form and all required nomination materials to IMLA no later than COB on the nominations due date listed on IMLA's website. Email to: [info@imla.org](mailto:info@imla.org)**