

CONFIDENTIAL

International Municipal Lawyers Association Local Government Fellows Program

Phone: (202) 466-5424 E-Mail: <u>info@imla.org</u>

RECERTIFICATION REFERENCE FORMYou MUST submit this form electronically.

Application of:
File No.:To be assigned by IMLA
City of Practice:
The attorney named above has applied for recertification as an
MI A certified Local Government Fellow

The IMLA Local Government Fellows Certification Committee solicits your cooperation in completing the statement of reference below in a thorough, forthright, and objective manner. The information will be treated confidentially by the Certification Committee and the applicant has specifically waived any right to review this statement of reference form. If you require additional space to list an item of information, please attach a

applicar	nt.				
1. Name	e:				
2. Office or Firm:					
	ion (Please indicate if you are the Chief Legal Officer of a pality or county):				
4. Chec	k or complete one or more of the following statements applicable to				
	a) I am a lawyer practicing in the same geographical area as the applicant.				
	b) I am a lawyer with whom or against whom the applicant has been involved with on local government matters.				
	c) I am a Judge before whom the applicant has appeared on matters the applicant was primarily responsible for and personally handled involving significant local government law issues.				
	d) I am a local elected official or city or county manager or administrator from the same geographical area as the applicant.				
•	have applied for certification as a Local Government Fellow, have omitted this applicant's name as a reference on your application?				
	Yes No N/A				

separate sheet. After completing the statement, please seal in an envelope, write the name of the applicant on the envelope flap and return it to the

6. Are y	ou related by blood or marriage to the applicant?
	Yes No
	If yes, explain:
7. I have	been acquainted with the applicant since
8. The p	orimary areas of my legal practice are:
9. If you	are in a position to do so, please estimate the percentage of the
applicar	nt's practice devoted to local government law %
had to fo	e how well you know the applicant and what opportunity you have orm an opinion of the applicant's knowledge, skills, and proficiency ractice of local government law:

11. Please rate the applicant as to the criteria listed below in comparison with other local government attorneys whose practices you are familiar with by checking the appropriate space(s):

	Above Average	Average	Below Average	Poor	Unknown
a. Technical Knowledge					
b. Ability to apply technical knowledge to factual problems	•				-
c. Consideration of client's interests					
d. Preparation and completion of matters taken on					
e. Ethical conduct in legal community					
12. Please provide add with respect to any cat average" or "poor."					

	Yes
Ш	No
	If no, explain:
ility t	o practice law, such as, addiction to narcotics, intoxicating liquors,
ility t	
ility t	Yes
ility t	o practice law, such as, addiction to narcotics, intoxicating liquors, nal, mental, or nervous disorders? Yes No
ility t	o practice law, such as, addiction to narcotics, intoxicating liquors, nal, mental, or nervous disorders? Yes No
ility t	o practice law, such as, addiction to narcotics, intoxicating liquors, nal, mental, or nervous disorders? Yes No

•	our opinion are there any incidents in the applicant's law practice flect a lack of knowledge, skill, and proficiency in the practice of
	Yes No
	If yes, please describe each incident:
Governn	ld you recommend this applicant for certification as an IMLA Local nent Fellow, thereby acknowledging their knowledge, skill, and cy in the field of local government law?
	Yes No
	Additional comments:

I hereby certify that the information provided in the given my knowledge, correct, and where given from others, has been obtained from sources when and has not been secured from the applicant, the other person submitting a reference on this applicant.	rom information received lich I believe to be reliable, e applicants family, or any
Signature	Date