NEW YORK STATE BAR ASSOCIATON ELDER LAW AND SPECIAL NEEDS SECTION 2019 NOMINATING COMMITTEE CALL FOR NOMINATIONS

Nomination Form

NOMINEE:			
POSITION NOMINATED FOR	:		
FIRM/EMPLOYER:			
BUSINESS ADDRESS:			
HOME ADDRESS:			
TELEPHONE: (Office)	(Fax)	(Home)	
email address:		-	
NOMINATOR:		-	
ADDRESS:			
TELEPHONE: (Office)	(Fax)	(Home)	
email address:			
RELATIONSHIP TO NOMINE		nee is known to Nominator a	nd for how

long):

REQUIRED SUBMISSION: Two copies of a narrative (500 word maximum, outline form is fine) detailing how the nominee has significantly and specifically demonstrated attributes as described in the attached **REQUEST FOR NOMINATIONS**.

SUGGESTED SUBMISSIONS: Letters or statements, where appropriate, from section members, clients, Judges, former adversaries.

This form and all supporting items must be postmarked no later than November 15, 2018 OR emailed by that date to Martin Hersh at elder.law@verizon.net . If mailed, nominations should be sent to: Martin Hersh, 4 Asthalter Road, PO Box 567 Liberty, NY 12754