New York State Bar Association Committee on Attorney Professionalism Attorney Professionalism Award 2016 Nomination Form

NOMINEE: _			
FIRM/EMPLO	YER:		
BUSINESS AD	DDRESS:		
TELEPHONE:	(home)	(office)	(fax)
NOMINATOR:			
_			
TELEPHONE:	(home)	(office)	(fax)
	(e-mail address)		

RELATIONSHIP TO NOMINEE (including how Nominee is known to Nominator and for how long):

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

SUGGESTED SUBMISSIONS: Letters from clients, Judges, former adversaries.

This form and all supporting items must be postmarked no later than **Monday**, **November 16**, **2015** and addressed to:

New York State Bar Association
Attn: Committee on Attorney Professionalism
One Elk Street
Albany, New York 12207