New York State Bar Association Committee on Attorney Professionalism Attorney Professionalism Award 2019 Nomination Form

NOMINEE: _				
HOME ADDRI	ESS:			
TELEPHONE:	(home)	(office)	(fax)	
NOMINATOR	R :			
ADDRESS:				
TELEPHONE:	(home)	(office)	(fax)	
	(e-mail address)			
RELATIONSI how long):	HIP TO NOMIN	EE (including how Nomine	e is known to Nominator	and for
•	•	Narrative detailing how the sof professionalism, as described as the soft of t	_	•
ADDITIONAL including adver		S: Letters from clients, o	clients' families, judges,	lawyers,

New York State Bar Association Attn: Melissa O'Clair One Elk Street Albany, New York 12207

This form and all supporting items must be postmarked no later than Friday,

October 12, 2018 and addressed to or emailed moclair@nysba.org:

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