

*Appellate Practice Section*  
*James C. Adkins Award*  
**Nomination Form**

1. Name of Nominee: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_
2. Firm or government entity where employed: \_\_\_\_\_  
\_\_\_\_\_
3. Number of years nominee has practiced appellate law: \_\_\_\_\_
4. Attach a current resume of the nominee (if possible).
5. Describe in detail the significant contributions made by the nominee in the area of appellate practice in Florida. (Use separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name of person/organization submitting this nomination, address and telephone number.  
Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_
7. Name of contact person with additional information, if different from above:  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_