

Pro Bono Service Award
Appellate Practice Section
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 appellate pro bono services provided 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: _____