



**2009 PARALEGAL OF THE YEAR
NOMINATION FORM**

Submission deadline is April 30, 2010

[Please provide as much information as possible]

Name of Nominee _____

Address _____

Phone: Home _____ Work _____

Employer Name _____

Address _____

Name of Sponsor* _____

Mailing Address _____

Daytime Phone _____

[Please provide as much of the following information on the nominee as possible]

PARALEGAL SKILLS AND EXPERIENCE

Education (Highest level/Degree): _____

Years of legal experience: _____

Areas of expertise: _____

Exceptional work achievements: _____

PROFESSIONAL ASSOCIATIONS

Member of the following organizations: _____

* A sponsor may be any employer, co-worker, fellow paralegal or person associated with the nominee's civic or charitable activities

CHARITABLE OR CIVIC ACTIVITIES

Please list any volunteer or community activities

COMMENTS BY EMPLOYER (Optional)

COMMENTS BY SPONSOR

Signature of Sponsor

Date

*Please return this form by **April 30, 2010** to the Paralegal of the Year Nominations Coordinator;*

MAIL: Paralegal Association of Wisconsin, Inc.
Attn: POY Committee
P.O. Box 510892
Milwaukee, WI 53203-0151

Thank you for taking the time to complete this form.