



**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

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**COMMENTS BY EMPLOYER (Optional)**

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**COMMENTS BY SPONSOR**

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\_\_\_\_\_  
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.*