

Bruce Robert Jacob Award Nomination Information

Nominator Name:

Nominator Address:

City State Zip Code

Nominator Phone Number: Nominator Email:

Nominator Office Affiliation & Practice Jurisdiction

Nominator Job Title:

Nominator Relationship to Nominee:

Nominee Name:

Nominee Address:

City State Zip Code

Nominee Phone Number: Nominee Email:

Nominee Office Affiliation & Practice Jurisdiction

Nominee Job Title:

Nominee Years in Practice: Nominee Years as Public/Appellate Defender:

Describe the case, acts, or actions which serve as the basis of this nomination.

Bruce Robert Jacob Award Information, cont'd

Describe how nominee has advanced the practice of indigent defense in his/her jurisdiction.

Describe how the nominee serves as an example to other Assistant Public/Appellate Defenders in Illinois.

Describe any obstacles or difficulties nominee overcame in accomplishing the nominated conduct.

When completed, please save this form and email it to ipda.training@osad.state.il.us