

Kathryn A. McDonald Award for Excellence in Service to Family Court

NOMINATION FORM

Nominee _____ Title _____

Organization _____

Address _____

Phone _____ Fax _____

Number of Years in the Family Court _____

Reasons for Nomination (Quality of Work, Relationship to Court, Creativity in Work, and Impact of Work in Family Court) _____

(you may add additional pages)

Individuals familiar with Nominee's work:

1) Name _____ Title _____

Organization _____

Address _____

Phone _____ Fax _____

2) Name _____ Title _____

Organization _____

Address _____

Phone _____ Fax _____

3) Name _____ Title _____

Organization _____

Address _____

Phone _____ Fax _____

Nominator _____ Title _____

Organization _____

Address _____

Phone _____ Fax _____

**PLEASE RETURN THIS FORM TO THE EXECUTIVE DIRECTOR'S OFFICE
NEW YORK CITY BAR, 42 WEST 44 STREET, NEW YORK, NY 10036
FAX: 212-398-6634 – ekocienda@nycbar.org**