



**THE PARALEGAL ASSOCIATION OF WISCONSIN, INC.**

P.O. Box 510892  
Milwaukee, Wisconsin 53203-0151

**PARALEGAL OF THE YEAR NOMINATION FORM**

*Name of Nominee* \_\_\_\_\_

*Address* \_\_\_\_\_

\_\_\_\_\_

*Phone: Home* \_\_\_\_\_ *Work* \_\_\_\_\_

*Employment Address* \_\_\_\_\_

\_\_\_\_\_

*Name of Sponsor\** \_\_\_\_\_

*Mailing Address of Sponsor* \_\_\_\_\_

\_\_\_\_\_

*Daytime Phone* \_\_\_\_\_

\_\_\_\_\_

*Signature of Sponsor*

*Date*

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

*Thank you for taking the time to complete this form. Please return this form by **April 15, 2019** to the Paralegal of the Year Nominations Coordinator, Paralegal Association of Wisconsin, Inc., P.O. Box 510892, Milwaukee, Wisconsin 53203-0151.*

**THE PARALEGAL ASSOCIATION OF WISCONSIN, INC.  
NOMINATION FORM**

**PARALEGAL OF THE YEAR**

**A. PARALEGAL SKILLS AND EXPERIENCE:**

1. Education (Specify highest grade/level completed)

Degree(s) Obtained: \_\_\_\_\_

2. Employment:

a. Total number of years of legal experience: \_\_\_\_\_

b. Specific duties performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List exceptional work achievements: \_\_\_\_\_

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**B. SERVICE TO STATE AND NATIONAL ASSOCIATION(S):**

Date of affiliation as a member: \_\_\_\_\_

1. Elected offices held and appointed offices and/or committee chairmanships held at state or national level: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Other association involvement (committee service, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. CHARITABLE OR CIVIC ACTIVITIES:

Please list any volunteer or part-time paralegal or community experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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D. COMMENTS BY EMPLOYER – OPTIONAL: (Please comment without referring to nominee by name or other identifying information; limit comments to (100) words; DO NOT SIGN

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E. COMMENTS BY SPONSOR – IF EMPLOYER, THIS SECTION IS MANDATORY: (Please comment without referring to nominee by name or other identifying information; limit comments to (100) words; DO NOT SIGN

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*Nominee Number:* \_\_\_\_\_