

**James M. Burns Federal Practice Award
Nominations Form**

Person nominated:

Nominee's OSB number (if applicable):

Nominee's current or most recent place of employment:

Name of nominator:

Nominator's contact details:

References (provide no fewer than three names, with contact details):

Explain how this candidate exemplifies professionalism in practice in this District:

*You are welcome to submit a letter or prior nomination packet in lieu of text.

Has this candidate faced challenges that make these accomplishments especially noteworthy:
