Oregon FBA

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:

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*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:

_____
_____
_____