



**TEXAS ASSOCIATION OF LEGAL PROFESSIONALS
LEGAL PROFESSIONAL OF THE YEAR**

NOMINATION FORM

Name: _____

Address: _____

Phone: _____ Local Chapter: _____

Date submitted: _____ Date received by Chair: _____

I. EDUCATION AND CERTIFICATION

High school: _____

Graduation date: _____

Business/secretarial school, junior college, college, or university: _____

Graduation date(s): _____ Degree(s) obtained: _____

Are you a Certified PP? Yes ___ No ___ Date certified: _____

Are you a Certified CLP/PLS? Yes ___ No ___ Date certified: _____

Are you a Certified ALP? Yes ___ No ___ Date certified: _____

Do you have a specialty certification designation? If so, what is the certification? _____

Yes _____ No _____ Date of certification: _____

Have you completed a legal professional course sponsored by a professional association,
business/secretarial school, college, or university? Yes _____ No _____

If so, provide the name of the course, sponsor, and date of completion: _____

Have you received any other certification? If so, what is the certification? _____

Yes _____ No _____ Date of certification: _____

II. LEGAL SKILLS AND EXPERIENCE

Name of Employer	Position Held	Dates of Employment

Total years of experience: _____

III. SPECIAL HONORS EARNED

Honor(s) received, including date(s): _____

IV. SERVICE TO STATE AND LOCAL ASSOCIATIONS

Date of affiliation as member: _____

Name and location of local chapter: _____

Association	Elected Offices	Appointed Offices/Committee Chairmanships
LOCAL		
STATE		

V. OPTIONAL INFORMATION

Membership in other organizations (including dates of active participation and offices held). You may include your service to NALS in this section.

VI. NOMINEE NARRATIVE

In the space provided below, please describe, in 300 words or less, your job description, including the duties you like best and the duties you like least. If you need additional space, please continue your narrative on the reverse of this sheet with the heading, "Nominee Narrative, Continued."

VII. COMMENTS BY YOUR PRESENT EMPLOYER

This section must not exceed 300 words. If you require additional space, please continue your comments on the reverse of this sheet with the heading, “Comments by Your Present Employer, Continued.”

VIII. COMMENTS BY LOCAL CHAPTER OR NOMINATING MEMBER

This section must not exceed 300 words. If you need additional space, please continue your comments on the reverse of this sheet with the heading, "Comments by Local Chapter or Nominating Member, Continued."

	NOMINEE: _____
	Nominee's signature

	Printed name of nominee
IF NOMINATED BY MEMBER:	IF NOMINATED BY LOCAL CHAPTER:
_____	_____
Nominating member's signature	Local chapter name
_____	_____
Printed name of nominating member	Local chapter officer's signature
_____	_____
Local chapter of nominating member	Printed name of local chapter officer
_____	_____
Address of nominating member	Address of local chapter officer
_____	_____
E-mail of nominating member	E-mail of nominating chapter officer

FINAL INSTRUCTIONS

Before submitting this nomination form, please check it carefully to ascertain that it conforms to the TALP Official Rules and Regulations. Nomination forms which do not conform to the Official Rules and Regulations will be disqualified.

Nominations must be submitted by the local chapter or nominating member on the TALP nomination form. Please submit an original and one copy.

Nominations must be hand delivered to the Awards Chair no later than February 13 or postmarked by the United States Postal Service on or before February 13 or validated by an overnight delivery service that such parcel was placed in a depository of the overnight delivery service on or before February 13. These are your only delivery options. The nomination forms must be received by the Awards Chair on or before February 20.

The nominating local chapter or nominating member should send an e-mail to the Awards Chair stating that the TALP Nomination form has been sent in accordance with the guidelines and rules. Once the Awards Chair has received the TALP Nomination Form, the Awards Chair will confirm receipt via e-mail to the nominating local chapter or the nominating member.

No testimonial or other supporting documents will be considered.

DEADLINE FOR SUBMISSION: Saturday, February 13, 2021

Return completed form to:
Olivia Johnson
3008 Baylor Camp Road
Crawford, Texas 76638

Additional information for Olivia:
Phone number: 254-848-5362
E-mail address: oj5@hot.rr.com