

**Bruce Robert Jacob Award Nomination Information**

Nominator Name:

Nominator Address:

City  State  Zip Code

Nominator Phone Number:  Nominator Email:

Nominator Office Affiliation & Practice Jurisdiction

Nominator Job Title:

Nominator Relationship to Nominee:

Nominee Name:

Nominee Address:

City  State  Zip Code

Nominee Phone Number:  Nominee Email:

Nominee Office Affiliation & Practice Jurisdiction

Nominee Job Title:

Nominee Years in Practice:  Nominee Years as Public/Appellate Defender:

Describe the case, acts, or actions which serve as the basis of this nomination.

**Bruce Robert Jacob Award Information, cont'd**

Describe how nominee has advanced the practice of indigent defense in his/her jurisdiction.

Describe how the nominee serves as an example to other Assistant Public/Appellate Defenders in Illinois.

Describe any obstacles or difficulties nominee overcame in accomplishing the nominated conduct.

When completed, please save this form and email it to [ipda.training@osad.state.il.us](mailto:ipda.training@osad.state.il.us)