

American Board of Trial Advocates

Michigan Chapter



Membership Nomination Form

Date: _____

The information being provided on this form will be kept confidential. The candidate is not to be notified of his/her nomination.

CANDIDATE'S NAME: _____

CANDIDATE'S FIRM NAME: _____

CANDIDATE'S CITY/STATE/PROVINCE/COUNTRY: _____

NOMINATOR'S NAME: _____

1. I know this candidate:

Personally and/or by reputation

I do not know this candidate

2. Does this candidate practice in your jurisdiction?

Yes

No

Unsure

3. Why have you nominated the candidate?

4. What is your relationship or how do you know this candidate?

5. How long have you known the candidate?

6. If you know this candidate personally, describe in detail your knowledge of the candidate.

7. What is the reputation of this candidate, if known, and what is the source of information?

8. Have you observed the candidate in trial or other legal proceedings? If so, please describe the nature of the matter, the candidate's conduct, and interaction with opposing counsel.

___ Yes

___ No

Please Describe

9. How would you rate the candidate's professional skills and abilities as a trial attorney?

___ Exceptionally Qualified

___ Qualified

___ Not Qualified

___ Unsure

Why?

10. How would you rate the candidate's personal integrity?

Highest Possible

Good

Low

Please Explain

11. Do you know of any personal or professional conduct by the candidate that would affect the candidate's consideration as a member of ABOTA?

Yes

No

Comments

12. Do you know of any disciplinary actions or suits brought or contemplated against the candidate in any court, professional committee, or government agency?

Yes

No

Comments

13. Are you a member in good standing with ABOTA? (Are you current in paying your dues?)

Yes

No