

## 2026 Nomination Form

Please complete one form, per nomination.

Submit this form with the requested attachments.

(Note: The contact information requested below should be provided for the nominee.)

Nominator: \_\_\_\_\_

Nominee\*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (Home/Cell): \_\_\_\_\_

The above person\* is being nominated for the following position:

<b>Board of Directors</b>
<input type="checkbox"/> Civil Program (Civil Program Members)
<input type="checkbox"/> Civil Individual (Civil Individual Members)
<input type="checkbox"/> Defender Individual (Defender Individual Members)



<b>Civil Council</b>
<input type="checkbox"/> Chief Staff Officer (Region III)
<input type="checkbox"/> Chief Staff Officer (Region V)
<input type="checkbox"/> Client/Community Advocate Individual (Region I and II)



<b>Client Council</b>
<input type="checkbox"/> Client/Community Advocate Individual (Client Individual Members)



<b>Defender Council</b>
<input type="checkbox"/> Chief Defender <u>or</u> Director of Defender Program (ACCD)
<input type="checkbox"/> Defender Staff/Practitioner (Defender Individual Members)
<input type="checkbox"/> Chief or Deputy Chief Defender (ACCD) (Defender Individual Members)