WISCONSIN DEPARTMENT OF JUSTICE
EXCEPTIONAL SERVICE AWARD

Nomination Form

Award Category

___ Crime Victim Advocate of the Year ___ Law Enforcement Officer of the Year

___ Forensic Scientist of the Year ___ Prosecutor of the Year

Please give us as much information as possible about the individual you are nominating for this award.

Nominee: _____
(First) (Middle Initial) (Last)

Address: _____
(Address) (City) (State) (Zip)

Phone Number: _____

Employer: _____ Job Title/Position: _____

Why are you recommending this individual for this award?

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What contributions has this person made in their field in the past year?

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What long term contributions has this person made to their field during their career?

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I certify that the above information is accurate to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Job Title: _____
Agency: _____ Address: _____
Phone: _____ Email: _____

Return this form by <u>February 1, 2016</u>

Wisconsin Department of Justice Awards Committee, c/o Sara Phelan
17 West Main Street, PO Box 7070, Madison, WI 53707-7070 or phelansm@doj.state.wi.us