NEW YORK STATE
UNIFIED COURT SYSTEM
QUALITY SERVICE AWARDS
NOMINATION FORM

Nominee:_____ **Title:** _____ **Court Assignment:** _____

County: _____ **Court:** _____ **Judicial District:** _____

Please check the appropriate award and complete the information below:

G Quality Service Award **G Quality Leadership Award**

Brief Description of Service:

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Nominated by: _____ Title: _____ Date: _____

Signature: _____Tel. #:_____

Submit nominations to: **Deadline: 8-31**

IN NEW YORK CITY: CHIEF CLERKS OFFICE
OUTSIDE OF NYC: DISTRICT OFFICE