

American Board
of Trial Advocates



Houston Nomination Form

Instructions: This form is to be completed by the ABOTA member who is nominating the candidate. The Nominee should not complete this form.

Date: _____

Nominee Name (Mr./Ms./Mrs./Hon.):			
Firm:			
Firm Address:			
City:	State: TX	Zip:	
Email Address:			
Phone:	Cell:	Fax:	
Home address:	City:	State: TX	Zip:
Bar Number:	Year admitted to bar:	Law School:	

Nominee's primary area of practice: ☐ Plaintiff ☐ Defense ☐ Both ☐ Judge

of Civil jury trials to a jury verdict or hung jury as LEAD counsel: _____ (7 is the bare minimum required)

Nominated by (please PRINT): _____

How long have you known the nominee? _____

How do you know the nominee? _____

Why do you think the nominee would make a good steward of ABOTA? _____

1st Nominator name (please PRINT)

1st Nominator signature (required):

Date: _____

I confirm that I have reviewed the ABOTA membership requirements, as stated in the Houston Chapter Bylaws, Article V., Section 1, and I further confirm that the individual I am nominating fully meets all stated qualifications and criteria for membership.

2nd Nominator name (please PRINT)

2nd Nominator signature (required):

Date: _____

I confirm that I have reviewed the ABOTA membership requirements, as stated in the Houston Chapter Bylaws, Article V., Section 1, and I further confirm that the individual I am nominating fully meets all stated qualifications and criteria for membership.

OFFICE USE: _____