

NATIONAL CRIME VICTIMS' RIGHTS WEEK ATTORNEY GENERAL BILL McCOLLUM'S 2010 SPECIAL TRIBUTE AWARD NOMINATION FORM

Name of Nominee and Title			
Program/Organization			
Address			
City	State	Florida	Zip Code
Phone	E-mail a	address	
Category (check one)			
Outstanding Criminal Justice Officer			
Outstanding Victim Advocate			
	rvation o	of the rights of of the outstanding	
Describe the specific efforts the nominee unique and original.	made to	benefit crime	victims, and how those accomplishments were
Why or how did the nominee's contribution	on qualij	fy as <u>beyond th</u>	ee call of duty?
How did the nominee's contribution affec	t his or l	her community	2?
Your Name and Title			
Program/Organization or Other Affiliat	ion		
Phone	Si	gnature	

This form must be received by Friday, March 5, 2010

Please mail or fax to:
Leslie Miller, Program Administrator
Office of the Attorney General
Division of Victim Services and Criminal Justice Programs
Bureau of Advocacy and Grants Management
PL-01, The Capitol, Tallahassee, FL 32399-1050
Fax: 850-487-3013