

New York Association of Drug Treatment Court Professionals

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Nomination Form: Sherry Lintz Drug Court Award of Excellence

Submit Nomination to: Hon. Marcia Hirsch  
E-mail: [mhirsch@nycourts.gov](mailto:mhirsch@nycourts.gov) Fax: (212) 952-6571

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A) **Nominee:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Court/Program Affiliation: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

B) **Nominee’s Achievements:**

Provide a minimum of **two** reasons supporting your nomination. You may include achievements for which the nominee is best known, any significant impact that the nominee has made on the treatment court field and/or achievements that have been made by the nominee of enduring value. Attach a narrative of **up to one page**.

C) **Nomination Submitted By** (kindly only submit **one** nomination per person):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Court/Program Affiliation: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

D) Please Scan and submit to [mhirsch@nycourts.gov](mailto:mhirsch@nycourts.gov) NO LATER THAN February 15, 2018

\_\_\_\_\_ (Date Received)