

School Name: _____ DEFENSE TEAM
MOCK TRIAL ROSTER / AWARD NOMINATION FORM

Scorer / Presider's Name (Please Print): _____ Round # _____ Courtroom # _____ Date: _____

SCORERS AND PRESIDERS: Please check the boxes next to the names of any students you would like to nominate for an *Outstanding Performance Award*. Nominations should be reserved for students whose presentations were noteworthy and merit your special recognition. These nominations will be tallied for the presentation of awards at the Mock Trial Awards Luncheon. It is possible that you will observe a trial in which none of the participants will earn your nomination. No boxes should be checked when this form is submitted to you.

<input checked="" type="checkbox"/> <small>outstanding performance</small>	STUDENT'S ROLE	STUDENT'S NAME
<input type="checkbox"/>	Pretrial Motion Comments: _____	_____
<input type="checkbox"/>	Opening Statement Comments: _____	_____
<input type="checkbox"/>	Defense Attorney: Cross Examination of Prosecution Witness # 1 Comments: _____	_____
<input type="checkbox"/>	Defense Attorney: Cross Examination of Prosecution Witness # 2 Comments: _____	_____
<input type="checkbox"/>	Defense Attorney: Cross Examination of Prosecution Witness # 3 Comments: _____	_____
<input type="checkbox"/>	Defense Attorney: Cross Examination of Prosecution Witness # 4 Comments: _____	_____
<input type="checkbox"/>	Defense Attorney: Direct Examination of Defense Witness # 1 Comments: _____	_____
<input type="checkbox"/>	Defense Witness: _____ Comments: _____	_____
<input type="checkbox"/>	Defense Attorney: Direct Examination of Defense Witness # 2 Comments: _____	_____
<input type="checkbox"/>	Defense Witness: _____ Comments: _____	_____
<input type="checkbox"/>	Defense Attorney: Direct Examination of Defense Witness # 3 Comments: _____	_____
<input type="checkbox"/>	Defense Witness: _____ Comments: _____	_____
<input type="checkbox"/>	Defense Attorney: Direct Examination of Defense Witness # 4 Comments: _____	_____
<input type="checkbox"/>	Defense Witness: _____ Comments: _____	_____
<input type="checkbox"/>	Closing Argument Comments: _____	_____
<input type="checkbox"/>	Baliff Comments: _____	_____