

**School Name: \_\_\_\_\_ PROSECUTION 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.

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