

CBA SECTION OR COMMITTEE LEGISLATIVE OR POLICY POSITION REQUEST FORM

Requ	nesting CBA Section or Comm:
Title	of request (as request should appear on agendas or list of approved positions):
—— Nam	e and contact info of person submitting request:
CBA	title/role of person submitting request:
List	any other key contact people in the Section or Comm. related to this request:
Han	dling of Request
Whi	ch of the following best describes this request (check one):
	New request being considered for the first time
	_ Extension or renewal of existing or recently expired position
	Request-to join an existing position of another section or committee
	Other (please describe):
Is th	is a Section/Comm. or Association Position (check one):
	_ Section or Comm. Position (relates to practice area of Section or Comm.)
	_ Association Position (substantially affects the legal profession as a whole and relates to missions of full CBA; subject to greater scrutiny)
If po	ssible, how does the Section or Comm. want this request considered (check one):
	By the HOD (may take up to three months, approval is valid for up to three years)
	Expedited interim basis by the HOD, BOG, or Executive Comm. (faster, approval may b valid for one year or less)
	Expedited interim basis by BOG or Executive Comm., followed by full approval by the HOD (faster, valid for up to three years, may require attendance at multiple meetings)
	dates of any hearings or external deadlines related to this request:

	Description of Requested Position
	In plain language, describe what this position will do and why the position is needed:
	Provide any additional background information that should be considered:
	Is a draft or proposed bill, rule, or statement included? If so, describe the history of the draft or proposed rule? E.g., how was the draft developed; what groups prepared or had input?
	Strength of Position
	Describe the strength of the Section or Comm. support for this position? Include the process followed by Section or Comm. and the results of any Section of Comm. vote taken:
	Describe any support for this position that you have encountered or anticipate from other CBA Sections or Committees or external groups:
	Describe any opposition to this position that you have encountered or anticipate from other CBA Sections or Committees or external groups:
	Describe any fiscal impact on the state:
1	ure:
•	Name:

For questions about this form or to submit completed forms, email: legislation@ctbar.org