附件1

**稿件报送审核推荐表**

**推荐单位：**XX市司法局/省直XX律师事务所（盖章）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** |  | | | **年龄** | |  |
| **工作单位** |  | | | | | **职务** | |  | |
| **政治面貌** |  | | **执业类别** | |  | | | | |
| **执业年限** |  | | **联系方式** | |  | | | | |
| **稿件所属类别** | |  | | | | | | | |
| **文字说明（不超过500字）** | | | | | | | | | |
|  | | | | | | | | | |

附件2

**稿件报送统计汇总表**

**推荐单位：**XX市司法局/省直XX律师事务所（盖章）

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **投稿人**  **姓 名** | **性别** | **单位** | **职务或职称** | **稿件名称** |
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主要负责人（签字）： 报送人员姓名及联系电话：