

**APPLICATION FOR CLE CREDIT FOR PRO BONO SERVICES**

**PART I**

**REPORT BY ATTORNEY PROVIDING PRO BONO LEGAL SERVICES**

An attorney who wishes to receive continuing legal education credit for performance of pro bono legal services must complete this form and submit it to the pro bono program. The attorney should submit this form to the pro bono program no later than December 31 of the calendar year in which the legal services were provided.

**A. Case Information**

Attorney

Clients(s)

Assigning Organization

**B. Type of Matter**

**C. Matter Completed**  Yes  No

**D. Total Number of Hours of Legal Services Performed**

**E. CLE Hours Requested** (You may request one CLE hour for every six hour of pro bono legal services performed.)

I hereby affirm that I have performed the above stated number of hours of pro bono legal services.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Registration Number

**PART II**

**REPORT BY ORGANIZATION WHICH ASSIGNED THE PRO BONO MATTER  
TO THE REPORTING ATTORNEY**

The pro bono program should verify the information provided by the attorney in Part I. The pro bono program should submit the total number of CLE credits, as calculated in Part II, Section D, to the CLE Commission no later than 30 days after December 31 of the calendar year in which the legal services were provided.

**A. Information Regarding Assigning Attorney:**

Name of Organization:

Name and title of person completing this form:

**B. Confirmation of Assignment:** Did your organization assign the above reported matter to the reporting attorney for pro bono legal services?

Yes  No

**C. Determination of Financial Eligibility:** Prior to assigning the matter to the reporting attorney, did your organization determine that the client was eligible for pro bono legal services?

Yes  No

**D. Verification of Legal Services Performed:** Has the attorney provided the legal services assigned?

Yes  No

**E. Total Number of Pro Bono Hours Provided by Attorney** \_\_\_\_\_ ÷ 6 = \_\_\_\_\_ (Number of Hours to be reported to CLE Commission)

Signature of person completing the form

Date