

Commission on Continuing Lawyer Competency

Request for CLE Exemption Based on Undue Hardship

(Please complete all questions)

1. Name:
2. Bar Number:
3. Address:
4. Email: Phone:
5. Year for which CLE Exemption is requested:
6. Have you requested relief from the CLE Requirement/Rules for a previous year?

Yes No

If yes, please give details of previous request:

7. Relief requested (check all that apply)
 - a. Waiver of \$100 late CLE fee (Rule 8-107, Reg. (1))
 - b. Waiver of \$150 late CLE fee (Rule 8-107, Reg. (1))
 - c. Extension of time until
 - d. Request for a scholarship to take ICLE course to complete CLE requirement with no registration fee required (medical or financial hardship)
 - e. Request for waiver of CLE requirement for year requested (medical)

8. Reason for request: (complete a or b)

a. Medical:

b. Other:

9. Extent and description of law practice for year in which exemption is requested:

10. Email form to: cle@gabar.org

- Your current CLE record is available at www.gabar.org. After you login, click Check My CLE Status to view your current CLE transcript. For other CLE questions, please call 404-527-8710.
- The Lawyer Assistance Program (LAP) is a confidential service outsourced to CorpCare Associates, Inc., to help State Bar members with life's difficulties. Members are entitled to six prepaid clinical sessions per calendar year. Contact LAP by calling 800-327-9631. For more information, visit www.gabar.org/LAP.
- Do you give permission to share your information with the SOLACE Committee of the Bar? Through this special committee (an acronym for Support of Lawyers/ Legal Personnel – All Concern Encouraged), members of the legal community will be able to reach out in small but meaningful and compassionate ways to judges, lawyers, court personnel and law office staff that have a medical crisis in their family.

Yes

No

Signature:

Date:

I understand that by typing my name above I am electronically signing this document.