



New York State Continuing Legal Education Board

25 Beaver Street, Room 888, New York, NY 10004 • Phone: (212) 428-2105
Fax: (212) 428-2974 • Web site: www.nycourts.gov/attorneys/cle • E-mail: cle@courts.state.ny.us

APPLICATION FOR (check one) WAIVER or MODIFICATION OF THE CLE REQUIREMENT

The CLE Board may grant a waiver or modification of the CLE requirement based upon undue hardship or extenuating circumstances. Please note that waivers and modifications do **not** exempt you from the responsibility of filing your Attorney Registration form in a timely manner and paying the required fee.

Note: **All members of the NYS Bar are presumed to be practicing law in New York.** If you do not practice law in New York, you may be exempt from the CLE requirement. If you practiced for part of a CLE reporting cycle, you may have a prorated requirement. (For additional information, visit the CLE Web site.)

Please type or print clearly. Check one: Ms. Mr. Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Attorney Registration #: _____

Date of Birth: _____ Date Admitted to the New York Bar: _____

Do you practice law in New York? (Check one) Yes No

Have you been practicing law in another jurisdiction for at least five of the last seven years? Yes No

CLE reporting cycle for which you are seeking a waiver/modification: _____

On the next page, please describe the undue hardship or extenuating circumstances that have prompted your request. Please also list the courses you have taken and the number and categories of credit you have completed, and include any other relevant information. **(Please note that your application will not be processed without this information.)**

Signature: _____ Date: _____

<input type="checkbox"/> Application Returned/Incomplete - You must submit: _____ <input type="checkbox"/> Application Withdrawn <input type="checkbox"/> You indicated in your application that throughout the relevant CLE reporting cycle, you: <input type="checkbox"/> did not practice law in New York <input type="checkbox"/> were retired from the practice of law <input type="checkbox"/> were a full-time member of the military on active duty Therefore, please visit the CLE Web site for details regarding an exemption from the CLE requirement. If you determine that you are not exempt, please see the CLE Board's determination below. The CLE Board's determination is as follows: <input type="checkbox"/> Waiver Granted <input type="checkbox"/> Waiver Denied <input type="checkbox"/> Modification Denied <input type="checkbox"/> Modification Granted, as follows: _____ _____ _____ <input type="checkbox"/> Extension Granted (instead of Waiver or Modification). You must complete your CLE requirement by the following date: _____ <input type="checkbox"/> Attorney Registration CLE Update Form enclosed (Once you fulfill your CLE requirement, determine that you are exempt or are granted a waiver complete the appropriate section and return to the address on the form.) For Office Use Only: _____ Date: _____

This application will be returned to you with the CLE Board's determination indicated in the box above. You must retain this document with your other CLE records for at least four (4) years.

APPLICATION FOR (check one) [] WAIVER or [] MODIFICATION OF THE CLE REQUIREMENT

In the space below, please describe the undue hardship or extenuating circumstances that have prompted your request. Please also list the courses you have taken and the number and categories of credit you have completed, and include any other relevant information. Please do **not** submit your certificates of attendance unless specifically requested to do so.)

UNDUE HARDSHIP OR EXTENUATING CIRCUMSTANCES THAT HAVE PROMPTED YOUR REQUEST:

CLE COURSES TAKEN AND NUMBER AND CATEGORIES OF CLE CREDIT COMPLETED:

OTHER RELEVANT INFORMATION: