

AFFIRMATION OF PRO BONO SERVICES
for an Accredited Pro Bono CLE Provider Fifth Judicial Pro Bono Action Now Program
administered by Legal Services of Central New York, Inc. (LSCNY)

Attorney's Name: _____

Address: _____

Phone: _____

Provider's Name: Pro Bono Coordinator, Fifth Judicial District Pro Bono Action Now Program, administered by
Legal Services of Central New York, Inc.

Address: 472 South Salina Street, Suite 300
Syracuse, New York 13202

Phone: (315) 703-6500

E-mail: _____@wnylc.com

Fax: (315) 475-2706

Client Name or Program: Direct referral from Legal Services of Central New York: _____

Start Date: _____ Finish Date: _____ (client name)

Description of Legal Services Provided (attach additional sheet, if necessary) _____

Total # of Hours devoted to case or program: * _____

AFFIRMATION:

I hereby affirm that I have performed the above-stated number of hours of legal services for the above-referenced client or program, and that such service was uncompensated.

Attorney's Signature

Date

* Pro Bono Coordinator will calculate CLE credit. You are eligible to receive one-half (1/2) CLE credit hour for every two and one-half hours of authorized Pro Bono performed through an Accredited *Pro Bono* CLE Provider.