

This Non-Traditional Format is not Suitable for Newly-Admitted Attorneys

**APPELLATE DIVISION, FOURTH DEPARTMENT
OFFICE OF ATTORNEYS FOR CHILDREN
ATTORNEY AFFIRMATION: NEW YORK CLE CREDIT FOR NONTRADITIONAL
FORMAT COURSE**

I, _____, acknowledge receipt of the course materials for:

Program Title: Advocating for Children in Cases Involving Domestic Violence: **Interviewing Children in the Context of Domestic Violence, Elizabeth Schockmel, PsyD., January 21, 2010**

I certify that I have viewed the continuing legal education program indicated above, in its entirety, and ask that it be credited toward compliance with the Rules of NYS MCLE.

Format (check one) ☐ Online ☐ DVD

COURSE CODE: #1 _____

During the course or program you will see and/or hear a CLE code. Please enter the code in the above field. If you do not include the code, you will not be awarded New York CLE credit. If there are multiple codes (for example, a separate code for each segment of a program) please enter here:

Code #2: _____ Code #3: _____
Code #4: _____ Code #5: _____

Signature of Attorney

Date of Completion of CLE course

For Appellate Division Use Only

Verification: The above stated CLE Verification Codes are correct for the program format listed and said attorney is entitled to _____ CLE credits.

(Law Guardian Program)

(Date)

RETURN TO:

**APPELLATE DIVISION, FOURTH DEPARTMENT
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