



New York State Continuing Legal Education Board

25 Beaver Street, Room 888, New York, NY 10004 • Phone: (212) 428-2105

Web site: www.nycourts.gov/attorneys/cle • E-mail: cleoffice@nycourts.gov

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

IMPORTANT INFORMATION: All members of the NYS Bar are presumed to be practicing law in New York. If you did not practice law in New York, were retired or on full-time active military duty during: (1) all of your CLE reporting cycle, you may be exempt from the CLE requirement; or (2) part of your CLE reporting cycle, you may have a prorated CLE requirement. Go to: http://www.nycourts.gov/attorneys/cle/notpracticinginny_info.shtml and/or see section 1500.5(b) of the CLE Program Rules for more information. You should apply for a waiver or modification of your CLE requirement only if you determine that you are not exempt and have not completed your CLE requirement in a timely manner.

**** SUBMIT YOUR APPLICATION BY ONLY ONE METHOD (E-MAIL OR MAIL). FAXES ARE NOT ACCEPTED. ****

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

CLE OFFICE USE

Check one: Ms. Mr. Name: _____

Street Address: _____

City/State/Zip: _____

E-mail: _____

Telephone: _____ Attorney Registration #: _____

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

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 provide the information requested in support of your request for a waiver or modification. Your application will not be processed without this information.

Signature: _____ Date: _____

The CLE Board's determination is as follows: Waiver is granted Waiver is denied: _____

Modification is granted as follows: You may _____

You may complete your newly admitted CLE requirement with transitional nontraditional format courses.

You may apply the _____ CLE credits already earned in full satisfaction of your CLE requirement.

Waiver or Modification may not be needed since you may be EXEMPT, as you indicated that throughout ALL of the CLE reporting cycle (noted above) you: did not practice law in New York (see attached explanation of possible CLE exemption.); were retired from the practice of law in New York; or were a full-time active member of the U.S. military. (See section 1500.5(b) of the Program Rules regarding exemptions from CLE.) The CLE Program Rules are available on our website at: <http://www.nycourts.gov/attorneys/cle/programrules.pdf>

Extension Granted retroactively with Waiver or Modification instead of Waiver or Modification. You must complete your CLE requirement for the relevant CLE reporting cycle (noted above), by the following date: _____ (For Newly Admitted Attorneys only: Year 1 Year 2)

Attorney Registration CLE Update Form is attached. If you have already submitted your Attorney Registration Form, please complete the appropriate certification on the attached CLE Update Form and return it to the address on the form once you fulfill your CLE requirement, determine that you are exempt or are granted a waiver or modification of your CLE requirement.

For Office Use Only: _____ Date: _____

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

In the space below, please describe the circumstances that prompted your request for a waiver or modification. Please also list the courses you have taken, including the number and categories of credit, 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:

LIST OF CLE COURSES TAKEN, INCLUDING NUMBER AND CATEGORIES OF CLE CREDIT COMPLETED:

OTHER RELEVANT INFORMATION:

Please submit your completed application by either sending it as an e-mail attachment to: cleoffice@nycourts.gov OR by mailing the application to: New York State CLE Board, 25 Beaver Street, Room 888, New York, NY 10004. FAXED applications are NOT accepted. This application will be returned to you (either by e-mail or regular mail to the address you provided above) with the CLE Board's determination indicated at the bottom of page 1. You must retain this document with your other CLE records for at least four (4) years in case of a CLE compliance audit.