



APPLICATION FOR CLE CREDIT FOR PRO BONO REPRESENTATION

1. The lawyer who performed the representation must complete Part I of this form, and then provide the original to the assigning court, program, entity, or law school.
2. The assigning court, program, entity or law school must complete Part II of this form, and then submit the original to the MCLE Committee at the following address:

MCLE Committee
 2800 Veterans Memorial Blvd., Ste. 355
 Metairie, LA 70002

Form 7
 5/17/2015

PART I	PRO BONO REPRESENTATION
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Regulation 3.21. Credit may also be earned through providing uncompensated pro bono legal representation to an indigent or near-indigent client or clients. To be eligible for credit, the matter must have been assigned to the Member by a court, a bar association, or a legal services or pro bono organization that has as its primary purpose the furnishing of such pro bono legal services and that has filed a statement with the Louisiana Committee on MCLE. A Member providing such pro bono legal representation shall receive one (1) hour of CLE credit for each five (5) hours of pro bono representation, up to a maximum of three (3) hours of CLE credit for each calendar year.

A. Attorney: _____
 Client Case Number: _____
 Assigning Organization: _____

B. Type of Representation Provided:

- | | | |
|--|--|--|
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Economic Assistance | <input type="checkbox"/> Education |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Expungement | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Health | <input type="checkbox"/> Housing | <input type="checkbox"/> Immigration/Refugee |
| <input type="checkbox"/> Individual Rights | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Wills or Probate | <input type="checkbox"/> Other _____ |

Date range of representation: _____

Number of Hours of Pro Bono legal representation _____ Number of CLE credit hours claimed: _____

I hereby affirm that I have performed the above stated number of hours of pro bono legal services.

 Signature of Attorney Date Bar Roll Number

**See Part II for verification by assigning authority.
 This must be completed to qualify for CLE credit.**

PART II

VERIFICATION BY ASSIGNING ORGANIZATION

The assigning organization's representative **must** verify the information provided by the attorney in Part I.

A. Information Regarding Assigning Party:

Name of Organization (judge, court, etc): _____

Name and title of person completing this form: _____

B. Confirmation of Assignment: Did your organization assign the above listed matter to the reporting attorney for pro bono legal services?

Yes No

C. Determination of Financial Eligibility: Prior to assigning the matter to the reporting attorney, did your organization determine that the client was eligible for pro bono legal services?

Yes No

D. Verification of Legal Services Performed: Has the attorney provided the legal services assigned?

Yes No

I hereby certify that the above information concerning pro bono services is correct.

Authorized Signature

Date

Print Name