Attorney name: _____

License number:_____

Extension Date Requested to: _____ *mm/dd/yyyy*

EXTENSION REQUEST COURSE COMPLETION PLAN DETAILS

I am requesting an extension of time to complete my CLE compliance requirement. I have reported/completed _____ credit hours. Below is a list of the courses I intend to take to satisfy the requirement.

SPONSORING AGENCY	COURSE TITLE	EVENT CODE	COURSE DATE(S)	STANDARD (inc. Prof Dev and LOM)	ETHICS (3 minimum)	ELIM OF BIAS (2 minimum)	ON-DEMAND (Y/N) (15 maximum)	TOTAL CREDITS (to satisfy 45 credit hour requirement)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								