

APPLICATION FOR CLE CREDIT FOR PRO BONO PUBLICO SERVICE

To Be Completed by Attorney

Attorney's Printed Name: _____

Arkansas Supreme Court Registration Number: _____

Attorney's

Address: _____

Qualifying hours of pro bono publico service performed: _____

General CLE credit hours claimed (Divide number of qualifying pro bono publico service hours by three (3) and round down to the nearest quarter of an hour. **A maximum of three (3) hours may be claimed.**): _____

By my signature below, I am verifying that I actually provided the number of hours of pro bono publico service claimed and that I did so without fee or expectation of fee. The CLE hours I am claiming credit for were earned during the current reporting period.

IT IS A VIOLATION OF RULE 8.4(C) OF THE ARKANSAS RULES OF PROFESSIONAL CONDUCT TO CLAIM CLE CREDIT FOR PRO BONO PUBLICO SERVICE NOT ACTUALLY PERFORMED.

Attorney's Signature: _____

Date: _____

TO BE COMPLETED BY ASSIGNING ENTITY

Representative's Printed Name: _____

Representative's Title: _____

Name of Assigning Entity: _____

By my signature below, I am verifying that the attorney listed above accepted a case referral from the entity I represent. The attorney agreed to charge no fee for handling the case. My entity screened the client for financial eligibility and the client was determined to be a person of limited means, unable to afford an attorney. To the best of my knowledge, the attorney actually completed the number of pro bono publico service hours listed.

Representative's Signature: _____

Date: _____

Return the completed form by mail to:

Arkansas Continuing Legal Education Board

501 Woodlane St., Ste 303

Little Rock, AR 72201-1206

Or via email to: clearkansas@arcourts.gov