

# Commission on Continuing Lawyer Competency

## Request for CLE Exemption Based on Undue Hardship

(Please complete all questions)

1. Name: \_\_\_\_\_
2. Bar Number: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Email: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Year for which CLE Exemption is requested: \_\_\_\_\_
6. Relief requested (check all that apply)
  - \_\_\_\_\_ a. Waiver of \$50 late affidavit fee (Rule 8-105, Reg. (2))
  - \_\_\_\_\_ b. Waiver of \$100 late CLE fee (Rule 8-107, Reg. (1))
  - \_\_\_\_\_ c. Waiver of reinstatement fee (Rule 8-108, Reg. (1))
  - \_\_\_\_\_ d. Extension of time until \_\_\_\_\_ (date)
  - \_\_\_\_\_ e. Permission to complete all hours by in-house/self-study CLE  
(video or audio replays of CLE, online computer CLE, CD-Rom  
and DVD interactive CLE, written correspondence CLE)
  - \_\_\_\_\_ f. Waiver of all hours deficient for year requested.
7. Reason for request: (complete a or b)
  - a. Medical: \_\_\_\_\_  
\_\_\_\_\_
  - b. Other: \_\_\_\_\_  
\_\_\_\_\_

8. Extent and description of law practice for year in which exemption is requested:

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9. Please attach all medical documentation to this request.

10. Please mail to State Bar of Georgia, CLE Department, 104 Marietta Street, Suite 100, Atlanta, GA 30303.

11. Your current CLE record is available at [www.gabar.org](http://www.gabar.org). For other questions, please call 404-527-8700 or 800-334-6865. The Commission normally makes decisions on hardship requests in February and October of each year.

12. Signature: \_\_\_\_\_

Date: \_\_\_\_\_