

Georgia Commission on Continuing Lawyer Competency

CERTIFICATION FOR CONTINUING LEGAL EDUCATION CREDIT	2019 MOCK TRIAL SEASON	JUDGING PANEL MEMBERS
--	-----------------------------------	----------------------------------

NAME OF ATTORNEY: _____ BAR NUMBER: _____

Attorneys who serve on a judging panel (either as a presiding judge or evaluator) for at least one round of competition for the 2019 season of the Georgia Mock Trial Competition, sponsored by the YLD High School Mock Trial Committee, may apply this educational experience toward mandatory Continuing Legal Education requirement once each calendar year.

To obtain these credits, complete and submit this form with the required fee to the Mock Trial office at the State Bar of Georgia no later than **March 20, 2019**. Mock Trial CLE hours will be applied to the attorney's **2018** CLE transcript (*January 1 through December 31*).

Credit Claimed:

Credit Available: 1 CLE hour, including 1 Hour Trial Practice..... \$5 (*Mandatory*)
and 1 Hour Professionalism (through the Chief Justice's Commission on Professionalism) *Paid in Bar dues*

LOCATION (city) OF COMPETITION: _____ DATE: _____

ROLE: PRESIDING JUDGE EVALUATOR

Attorneys who serve on a judging panel in two different levels of the competition (Regional vs. District vs. State Finals) may claim a **second hour of Trial Practice** credit for an **additional \$5**. If you are planning on claiming this second credit, please wait until after the second weekend before submitting the form if possible.

Credit Claimed:

Credit Available: 2nd CLE hour, including 1 Hour Trial Practice \$5*

LOCATION (city) OF SECOND* COMPETITION: _____ DATE: _____

ROLE: PRESIDING JUDGE EVALUATOR

**PLEASE INCLUDE THE ADDITIONAL \$5 FEE FOR THE SECOND HOUR CLE HOUR*

By signing below and submitting this form and fee, I attest that I have fulfilled the requirements outlined above.

DO NOT STAPLE CHECK TO THIS FORM. Please print or complete on form directly. The attorney's name(s) AND bar number(s) must be included on the check or it will not be processed.

*Make check payable to
CCLC and mail this form
and fee together to:*

Mock Trial Office
104 Marietta Street, NW; Suite 100
Atlanta, GA 30303

FOR HSMT/CLE OFFICE USE ONLY: Check Number: _____ Amount: \$_____ Date Received: _____
--