

Government Attorney CLE Affidavit

I hereby certify that the information provided below is true and correct in reference to reporting employer-mandated Continuing Legal Education (CLE) hours for the _____ calendar year.

Attorney Name: _____

Attorney Bar ID: _____

Name of Government Agency: _____

Total Number of Mandatory Training Hours: _____

Brief Description of Any Dedicated Ethics Component (if applicable):

I affirm under penalty of perjury that the foregoing is true and correct.

Signature: _____

Date: _____