

County Attorney's CLE Attendance Report

FORM CLE-2/CLE-4 (2026)

This form is for AFTER your first two years as either a Deputy or County Attorney
Due by January 31 of each year

Year Covered:

County(ies):

Name:

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Deputy County Attorney

☐

County Attorney

In the current year, did you perform coroner duties for your office?

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Yes

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No

If yes, one hour death investigation required.

If required, have you completed planning & zoning duties per term?

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Yes

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No

Attestations: For all classes and courses listed on this form. I affirm the following:

No session was a speech at a luncheon or banquet.

All sessions covered a topic(s) relevant my duties as a deputy/county attorney.

All instructors appeared to be qualified to teach the course or session.

Any legal courses were taught only by attorneys.

Out of state courses, if any, met the same standards as noted above.

No more than 5 hours of self-paced study has been included.

No more than 5 hours of course instruction has been included (prep time included).

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Yes

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No

20 hours TOTAL REQUIRED.

Course/Conference/Session	Method <i>Class – Study - Instruction</i>	Date(s)	CLEs
Crimes Against Children 1 hr Required			
Death Investigation 1 hr Required if Coroner			
2hrs Planning & Zoning if required *per term*			
Note: No carry over hours from previous years allowed.			Total CLEs

I swear or affirm that the information herein is to the best of my knowledge, complete and accurate.

Signature

Date