County Attorney's CLE Attendance Report FORM CLE-2/CLE-4 (2025)

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

County(ies):

Year Covered:

Name:	Deputy County Attorney			County Attorney		
Start Date:						
In the current year, did you perform coroner duties for your office?		Yes	No		hour death on required.	
Attestations: For all classes and courses listed No session was a speech at a luncheon or banquet. All sessions covered a topic(s) relevant my duties as All instructors appeared to be qualified to teach the Any legal courses were taught only by attorneys. Out of state courses, if any, met the same standards No more than 5 hours of self-paced study has been No more than 5 hours of course instruction has bee	s a deputy/county attorney. course or session. s as noted above. included. n included (prep time include			Yes	No	
20 ho	ours TOTAL REQUIRED.					
Course/Conference/Session	Method Class – Study - Instruction	Date(s)			CLEs	
Crimes Against Children 1 hr Required						
Death Investigation 1 hr Required if Coroner						
Note: No carry over hours from previous years allowed.			7	Total CLEs		
swear or affirm that the information herein is to	the best of my knowled	ge, complete	and a	occurate.		
Signature	Date					