

## County Attorney's CLE Extension Request

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Year Covered:

County(ies):

Name:

Deputy County Attorney

County Attorney

Number of hours requested for calendar year:  Hours

Reason  
for  
Extension

**Plan for Completing the Hours** (only enter hours totalling missing CLE hours).

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Course/Conference/Session	Method <i>Class - Study - Instruction</i>	Date(s)	CLEs

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date