



Request for Extended Deficiency Plan through April 1st

Please type or print legibly

Name _____ ASB Number _____

Address _____

Telephone _____ Fax _____

E-mail _____

I am requesting that I be allowed to complete the following pre-approved courses (selected from the list found on www.alabar.org/cle) by April 1. **The MCLE commission will not grant extensions to complete courses past April 1:**

Course Title	Course Sponsor	Course Date	MCLE Hours	Ethics Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Statement of Hardship.

Attached hereto and incorporated herein, is an explanation of my extraordinary circumstances that have delayed my compliance. Applicant understands that this application and all attachments will become a part of his/her MCLE record

Fees.

A. I failed to complete my initial deficiency plan by March 1. I have paid no fees to date and enclose a check for \$200 made payable to The Alabama State Bar

B. I failed to complete my initial deficiency plan by March 1. I have paid \$100 to date and enclose a check for \$100 made payable to the Alabama State Bar

C. I failed to file an initial deficiency plan and I am requesting to be allowed to complete my credits by April 1. I enclose a check for \$300 made out to the Alabama State Bar.

D. I enclose a written request for waiver of this fee based upon the extenuating circumstances I have encountered.

Has this applicant either requested a non-hardship deficiency plan or extension or been sanctioned by the Supreme Court for CLE noncompliance in the prior three educational years? If the applicant is uncertain, the applicant should contact the CLE staff.

Yes No

Signed: _____ Date: _____

Please returned to:
 MCLE Commission, Alabama State Bar, P.O. Box 671
 Montgomery, AL 36101

Questions: Call (334) 269-1515 or (800) 354-6154