



Legal Services Attorney Request to Attend ISBA CLE Program and Supporting Documentation

Name _____ ARDC # _____

Address _____

Telephone _____ E-mail _____

Program Requested _____

Date Request Submitted _____

(Must be submitted to ISBA at least 10 days prior to program)

Documentation:

1. Name and description of Legal Services entity sufficient to verify that the entity is a not-for-profit, non-governmental organization whose mission is to provide quality civil legal assistance to low income persons. (Provide web site address and/or additional information.)

2. Position held (*Please check one*): _____ Full-Time Attorney for the Legal Service Entity
_____ Part-Time Attorney for the Legal Service Entity

3. Name and Telephone number of Supervisor Verifying Your Position with the Legal Service Entity: (*Please Print*)

4. If part-time attorney, please complete:

I certify I receive no income through the practice of law, other than through the Legal Services entity named above.

Signature

You may submit this form via:

- Fax (217) 525-0712
- Mail Illinois State Bar Association, Attn. CLE Registrar
424 S. 2nd Street
Springfield, IL 62701

Payment required to finalize registration.