

Appendix III
MINNESOTA STATE BOARD OF CONTINUING LEGAL EDUCATION
180 East 5th Street, Suite 950
St. Paul, MN 55101
AFFIDAVIT OF PRO BONO REPRESENTATION

License Number: _____ Name: _____
CLE Category:¹ 1 2 3 Firm Name: _____
Street Address:² _____
City, State, and Zip: _____
Email:³ _____

Select the referring legal services provider:

- Anishinabe Legal Services Inc.
- Central Minnesota Legal Services Inc.
- Children's Law Center of Minnesota
- Legal Aid Service of Northeastern Minnesota
- Legal Services of Northwest Minnesota Corporation
- Southern Minnesota Regional Legal Services
- Out-of-state organization funded by Legal Services Corporation:

List Org. Name and State: _____

Contact at legal services provider: _____

Telephone Number: _____

Type of Representation Provided: _____

Date range of representation:⁴ _____

Number of hours of pro bono legal representation: _____

Number of CLE credit hours claimed: _____

I affirm that I provided legal representation to a pro bono client referred by a legal services provider.

I swear that the information above is accurate.

Lawyer Signature _____ Date: _____

¹ The CLE reporting category is found on the Attorney License card issued by the Lawyer Registration Office.

² If address listed here is different from the address on file in the CLE office, this document will be accepted as a request for change of address. If you do not want to change your address, please state that on this form.

³ An email confirmation will be sent after credits are approved or denied.

⁴ If representation covers more than one reporting period, please submit a separate Affidavit of Pro Bono Representation for each reporting period.