

SELF-REPORT FORM FOR GEORGIA GENERAL, TRIAL & PROFESSIONALISM CLE CREDIT

SPONSOR: GEORGIA LEGAL SERVICES PROGRAM

TITLE OF PROGRAM: ELIMINATING BARRIERS TO JUSTICE III: LANGUAGE ACCESS, THE AMERICANS WITH DISABILITIES ACT AND GEORGIA'S CRIMINAL AND CIVIL JUSTICE SYSTEMS

DATE: 10/20/2016

CITY LOCATION: ATLANTA / GSU COLLEGE OF LAW

(Print) Full Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____

State Bar of Georgia Membership#: _____

CLE hours awarded this program: 4 Total CLE Hour(s), including 1.0 Ethics, 0 Trial Hour(s) and 1.0 Professionalism Hour(s).

CLE Fees: The total CLE hour fee is \$5.00 per CLE hour. Add an additional \$15.00 to secure the Professionalism credit, if desired.

Please make ONE check payable to CCLC:

\$5.00 x. Total CLE hours attended
Add \$15.00 x 1.0 Hour Professionalism, *if desired.*

Total amount enclosed \$ _____

Mail this form and check to:

**CLE Department
State Bar of Georgia
Suite 100
104 Marietta Street, N.W.
Atlanta, Georgia 30303**