

SUPREME COURT OF NEW JERSEY  
BOARD ON CONTINUING LEGAL EDUCATION



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**APPLICATION FOR A WAIVER**

Pursuant to **BCLE Reg. 202:2**, upon written and certified filing of this application, and for good cause appearing, the Board, in its discretion, may waive the mandatory CLE requirements of **Rule 1:42** and CLE Regulations for such period as the Board may determine either (a) undue hardship, or (b) circumstances beyond the control of the lawyer that prevent the lawyer from complying with the requirement. In addition, the Board may authorize lawyers who are medically certified as unable to attend live courses to satisfy their CLE obligation through alternative verifiable learning formats, if the courses are approved for CLE accreditation. For the Board to consider a waiver based on a medical reason, this application must be accompanied by a certification from a licensed physician stating that the attorney is physically unable to attend live courses or is unable to complete the CLE requirements during the entire compliance reporting period due to a medical issue.

This request for a waiver must be submitted with a \$25.00 check or money order, payable to "Treasurer, State of New Jersey."

Please type or print clearly.      Select one:       Ms.     Mr.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Attorney Registration # : \_\_\_\_\_ Date Admitted to NJ Bar: \_\_\_\_\_

CLE Compliance Reporting Period for which you are seeking a waiver: \_\_\_\_\_

Did you apply for a waiver or an extension of time for any previous compliance reporting periods:     yes     no

Please include a separate document that describes the circumstances that has prompted this request. List the courses that you have taken and the number of credits that you have completed.

I certify that the information contained in this application and the supporting documents is accurate and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BOARD USE ONLY**

Incomplete     Withdrawn     Granted     Denied      Date Reviewed: \_\_\_\_\_