



Request for Deficiency Plan

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 March 1:

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

A. Hardship. Enclosed hereto is a check for \$100 or a written request for a fee waiver.

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. I enclosed a check for \$100 made payable to The Alabama State Bar or a written request for waiver of this fee based upon the extenuating circumstances I have encountered.

B. Non-hardship. Enclosed hereto is a check for \$100.

Attached hereto and incorporated herein, is an explanation of my reasons for failing to obtain my CLE prior to December 31. I enclosed a check for \$100 made payable to The Alabama State Bar.

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: _____

Checklist for Requesting a Deficiency Plan

- I have completed the above form
- I have attached the necessary fees and accompanying documentation
- I have returned this package by February 15 to:
MCLE Commission
Alabama State Bar
P.O. Box 671
Montgomery, AL 36101

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