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CACLE@sc.ohio.gov

Ohio CCLE Form 9(c)

In the Supreme Court of Ohio
Before the Commission on Continuing Legal Education

Application for Exemption from Educational Requirements
Special Circumstances

Please print or type

1. List your name, address, telephone number, facsimile number, e-mail address, and attorney registration number:

(Name)

(Street Address)

(City)

(State)

(ZIP)

(Telephone)

(Facsimile)

(E-mail address)

(Attorney Registration Number)

2. Provide the time period for which you are requesting an exemption:

From _____ To _____
(Month/Day/Year) (Month/Day/Year)

3. Provide a detailed description of the special circumstances unique to you that constitute good cause to grant an exemption from the CLE hour requirements. Your description should indicate how the special circumstances have prevented you from participating in continuing legal education programs and activities during the exemption period listed in question 2, above. You may attach additional pages if necessary.

4. Attach documentation from other persons or entities in support of your request if you believe it would be helpful in consideration of your Application for Exemption. List the names of the persons or entities that are providing documentation in support of your Application for Exemption.

See next page

Certification

I understand that to be deemed complete my Application for Exemption from Educational Requirements Based on Special Circumstances (“Application for Exemption”) must be submitted with supporting documentation as required in question 3, above.

I understand that after my exemption ends, I will be required to comply with the educational and reporting requirements of Gov.BarR. X.

I certify that the information provided in this Application for Exemption and the supporting documentation is true and accurate to the best of my knowledge.

(Signature)

(Date)

FOR CCLE OFFICE USE ONLY

Approved Denied Date _____

By _____

Reason Denied:

