

For Attorneys Only

Seek Justice: Ensure Victims' Rights: Inspire Hope

April 13-16, 2020

Zoom Webinars

Continuing Legal Education Affidavit & Request For Credit

Name: _____ Title: _____
 Agency Name: _____ Office Phone: _____
 Office Address: _____ Office Fax: _____
 _____ GA.Bar #: _____
 City: _____, GA Zip: _____ E-Mail: _____

PLEASE INITIAL BY ALL SESSIONS ATTENDED. IF THE FORM IS NOT INITIALED, IT WILL BE SENT BACK TO THE INDIVIDUAL TO BE COMPLETED.

Attendance Certification & Topic Name

Hours & Category

#	Initials	TOPIC	Gen.	Ethics	Trial	Prof.	Cost		Amount Enclosed
1		Everything You Wanted to Know about Marsy's Law	1.00				\$	4.00	\$
2		What is the Sexual Offender Review Board	1.00				\$	4.00	\$
3		Effects of Trauma on Memory and Behavior	1.50				\$	6.00	\$
4		An Advocate's Guide to Managing Stress during COVID-19	1.00				\$	4.00	\$
5		Surviving DV/SA During the COVID-19	1.00				\$	4.00	\$
Total Available:			5.50	0.00	0.00	0.00	\$	22.00	\$
Fill out your totals:							\$		\$

My check is enclosed in the amount of: \$ _____

Please Mail To: Prosecuting Attorneys' Council of Georgia
 1590 Adamson Parkway, Fourth Floor
 Morrow, GA. 30260

I certify that I attended every session initialed above in its entirety and that this is a true and correct summary of the CLE Programming I attended. I understand that any misstatement or omission may be sanctioned by the State Bar of Georgia or may be punished as provided by law.

Signature: _____

Date: _____

PER THE COMMISSION ON CONTINUING LAWYER COMPETENCY, CLE FORMS AND PAYMENTS MUST BE SUBMITTED WITHIN 30 DAYS AFTER THE PROGRAM

THERE IS A TWO WEEK TURNAROUND TIME FROM THE DATE YOU SUBMIT THIS FORM TO PAC UNTIL IT IS SUBMITTED TO THE STATE BAR

For PAC Use Only: General _____ Ethics: _____ Trial: _____ Professionalism: _____ Check # _____ Date Processed: _____