



CLER UNDUE HARDSHIP WAIVER REQUEST



**THE FLORIDA BAR
BOARD OF LEGAL SPECIALIZATION & EDUCATION
651 E. JEFFERSON STREET, TALLAHASSEE, FL 32399-2300
850/561-9421 – FAX
CLEMAIL@FLABAR.ORG**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Florida Bar Member No.: _____ Phone: (_____) _____

CLER Reporting Cycle: _____ - _____

An Undue Hardship Waiver of the Continuing Legal Education Requirement (CLER) is requested for my current reporting cycle.

I understand that to qualify for the waiver, I must affirmatively indicate by my signature below, that I am not currently, nor will I engage in the delivery of legal services within the state of Florida or give advice or render services on matters on issues involving or determined by Florida procedural or substantive law, either for a fee or pro bono, while the waiver is in effect.

Signature of Application

Date

The basis for this waiver request is as follows:

Please attach additional documentation as necessary and return to the address above.

Questions: Call 1-800-342-8060, Ext. 5842