

Authorized House Counsel Petition for Removal of CLER Delinquency

PLEASE TYPE OR PRINT LEGIBLY

Name			AHC #	
Name	of Bus	siness Organization		
Addre	ss			
Phone		Fax	Email	
I, CLER	Deline	quency from my Authorized Hous	, hereby petition The Florida Bar for removal of the se Counsel record and certify:	
1.	I am current in my Authorized House Counsel annual fees (initial)			
2.	I did not comply with the previous CLER reporting period (initial)			
3.	I am now in compliance with my continuing legal education requirement, Rule 6-10, by virtue of the following:			
		legal ethics, professionalism, bi wellness programs, with at least program, and at least 3 of the 33	ours and at least 5 of the 33 credit hours are in approved it is elimination, substance abuse, or mental health and t 1 of the 5 hours in an approved professionalism 3 credit hours are in approved technology programs. ion for the CLE courses taken.)	
4.	I did	not comply with CLER because:		
5.	During my delinquency, I have have not (check one) provided legal services as an Authorized House Counsel in the state of Florida.			
6.	My reinstatement fee of \$150 is enclosed(initial)			
Name	(Pleas	e Print)	Signature of Petitioner	

Send completed petition and fees to:

The Florida Bar
Legal Specialization & Education
651 East Jefferson Street
Tallahassee, Florida 32399-2300
(850)561-5842