

## Appendix II: AFFIDAVIT OF PRO BONO REPRESENTATION

**MINNESOTA STATE BOARD OF CONTINUING LEGAL EDUCATION**  
180 E. 5<sup>th</sup> Street, Suite 950, St. Paul, Minnesota 55101  
651-297-7100 [www.cle.mn.gov](http://www.cle.mn.gov)  
[clestaff@mbcle.state.mn.us](mailto:clestaff@mbcle.state.mn.us)

---

An Affidavit of Pro Bono Representation must be submitted for each legal services provider for whom you provided pro bono service.

License Number: \_\_\_\_\_ Name: \_\_\_\_\_  
CLE Category:<sup>1</sup> Firm Name: \_\_\_\_\_  
 1 Street Address:<sup>2</sup> \_\_\_\_\_  
 2 Street Address: \_\_\_\_\_  
 3 City State, and Zip: \_\_\_\_\_  
 Other \_\_\_\_\_ Email:<sup>3</sup> \_\_\_\_\_  
Telephone: \_\_\_\_\_

---

Name and address of referring legal services provider: \_\_\_\_\_

---

Name and phone number of contact person at legal services provider: \_\_\_\_\_

---

Type(s) of Representation Provided:

- |                                     |  |   |  |  |
|-------------------------------------|--|---|--|--|
| <input type="checkbox"/> Consumer   | <input type="checkbox"/> Economic Assistance | <input type="checkbox"/> Education        | <input type="checkbox"/> Employment          |  |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Health              | <input type="checkbox"/> Housing          | <input type="checkbox"/> Immigration/Refugee | <input type="checkbox"/> Individual Rights |
| <input type="checkbox"/> Juvenile   | <input type="checkbox"/> Seniors             | <input type="checkbox"/> Wills or Probate | <input type="checkbox"/> Other: _____        |  |

Date range of representation:<sup>4</sup> \_\_\_\_\_

# of hours of pro bono legal representation: \_\_\_\_\_ # of CLE credit hours claimed:<sup>5</sup> \_\_\_\_\_

---

By submitting this form (please check box to confirm):

- I give permission to the Minnesota Board of Continuing Legal Education to contact the referring legal services provider to verify that the information I have provided is true and accurate; and
- I understand that the Board may use this information that I have provided six (6) hours of pro bono legal representation for each one (1) hour of CLE credit claimed and that the pro bono legal representation provided qualifies in all respects under Rules 2B, 2T, 2U, and 6C.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

<sup>1</sup> Your CLE reporting category is found on your lawyer license card issued by the Lawyer Registration Office and online at <http://mars.courts.state.mn.us/>.

<sup>2</sup> Address changes must be made by sending a written notice to the Lawyer Registration Office, 180 E 5<sup>th</sup> Street, Suite 950, St. Paul, Minnesota 55101.

<sup>3</sup> An email confirmation will be sent after credits are approved or denied.

<sup>4</sup> If representation covers more than one reporting period, submit a separate Affidavit of Pro Bono Representation for each reporting period. If representation is ongoing, write "ongoing" as the date representation ended.

<sup>5</sup> You may claim 1 hour of CLE credit for every 6 hours of pro bono legal representation up to a maximum of 6 hours. Record credits in increments no smaller than .25 hours.