

Appendix V: AFFIDAVIT OF CLE TRANSFER

MINNESOTA STATE BOARD OF CONTINUING LEGAL EDUCATION
180 E. 5th Street, Suite 950 St. Paul, Minnesota 55101
651-297-7100 www.cle.mn.gov

License Number: _____ Name: _____
Telephone Number: _____ Address: _____
Email Address: _____ City, State, Zip: _____

_____ Request to transfer from **Voluntary** Restricted to Active Status and submitting all credits needed to transfer Rule 12C(1):

- _____ I have completed Attendance Information on Page 2.
- _____ I have submitted the fee of \$125.

_____ Request to transfer from **Involuntary** Restricted to Active Status and submitting all credits needed to transfer Rule 12D(1):

- _____ I have completed Attendance Information on Page 2.
- _____ I have submitted the fee of \$250.

_____ Discretionary transfer Request from **Voluntary** Restricted to Active Status: Rule 12C(2)(b)

- _____ I have completed Attendance Information on Page 2 submitting at least 45 credits, including 3 ethics and 2 bias.
- _____ I have completed the Discretionary Transfer Plan Details on Page 3.
- _____ I have submitted the fee of \$125.

_____ Discretionary transfer Request from **Involuntary** Restricted to Active Status: Rule 12D(2)

- _____ I have completed Attendance Information on Page 2 submitting at least 45 credits, including 3 ethics and 2 bias.
- _____ I have completed the Discretionary Transfer Plan Details on Page 3.
- _____ I have submitted the fee of \$250.

_____ Request to transfer from **Involuntary** Restricted Status to **Voluntary** Restricted Status: Rule 12E

- _____ I understand that if I decide in the future that I wish to transfer to Active Status I will need to comply with Rule 12C.
- _____ I have submitted the fee of \$250.

I swear that the information below or attached is an accurate record of my attendance.

Lawyer Signature _____ Date: _____

Please note: You may also need to update your Lawyer Registration Status. You may view your current Lawyer Registration Fee Status through your online account or here: <http://mars.courts.state.mn.us/> If you require additional information, please visit the website www.lro.mn.gov or contact our office at lawyerregistration@mbcle.state.mn.us.

ATTENDANCE INFORMATION:

Please include the Sponsor, Course Title, Event Code (if known), Course Dates, Number of Credits for Attendance, and Total Credits. Additionally, if you are claiming teaching credit per [Rule 7A](#), you may add that to this chart. You may not claim teaching credit for On-Demand courses.

SPONSORING AGENCY	COURSE TITLE	EVENT CODE *	COURSE DATE(S)	STANDARD (inc. Prof Dvlpmt/Law Office Mngt)	ETHICS	ELIM OF BIAS	ON-DEMAND (Y/N) **	TEACHING CREDIT	TOTAL CREDITS
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									

(USE ADDITIONAL SHEETS IF NECESSARY)

* You must provide a detailed course agenda if the course(s) you have attended have not been approved for CLE credit in Minnesota. Additional course description information may be requested.

** On-Demand courses are capped at 30 credits per 3-year reporting period

Please retain a copy of this form for your records

