



U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY

Attorney Attendance Affirmation Form

TO RECEIVE CLE CREDIT: Email this completed form to atyforum@njd.uscourts.gov and a certificate will be emailed to you.

PROGRAM TITLE: _____

PROGRAM DATE: _____

LIST CLE CODE(S) PROVIDED:

1.	
2.	
3.	

Please complete the below certification. Incomplete certifications will not receive a CLE certificate. Thank you.

CLE CERTIFICATION SECTION:

*This section must be completed & returned to receive CLE credit.
CLE Certificates will be sent via email within 5-7 days.*

FULL CREDIT:

_____ I certify that I attended the program noted above to fulfill my Mandatory Continuing Legal Education Requirements, remained for the entire duration and am entitled to full credit.

PARTIAL CREDIT: (For Individuals Arriving Late or Leaving Early)

_____ I certify that I attended part of the program noted above and am entitled to partial credit as indicated below.

Arrival time: _____ Departure Time: _____

_____ I certify that the above information is true. Note: This must be checked to receive credit.

SIGNATURE: _____

Print Name: _____

Chambers: _____ Phone: _____

Email (Please PRINT Clearly): _____