



## City Bar Justice Center Affirmation of Pro Bono Services

### Contact Information

Attorney's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Pro Bono Services Rendered

City Bar Justice Center Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_

Description of legal services provided: \_\_\_\_\_

Total number of **minutes** spent on services: \_\_\_\_\_ minutes / 120 minutes = \_\_\_\_\_ CLE Credits

#### Affirmation:

I hereby affirm that I have performed the above-stated number of hours of legal services in the above-referenced City Bar Justice Center Program, and that such service was uncompensated.

Attorney's signature Date

Attorneys may receive one (1) CLE credit for every two (2) 60-minute hours (120 minutes) of eligible pro bono service. A maximum of ten (10) pro bono CLE credits may be earned during any one reporting cycle.

Please complete and submit to: City Bar Justice Center, 42 West 44th Street, New York, NY 10036 Fax: 212-354-7438

Incomplete affirmations will not be processed.