APPLICATION BY A MUNICIPAL JUDGE
FOR HARDSHIP EXEMPTION FROM RULE 18 REQUIREMENT
OR
FOR EXTENSION OF TIME TO COMPLY WITH RULE 18

Name: _____ _____ _____
(Last) (First) (Middle Initial)

Bar Number _____ Last four digits of your social security number _____

Preferred Mailing Address _____

Daytime Telephone Number _____

Preferred E-mail Address _____

Describe the hardship or extenuating circumstance that directly prevented attendance of sufficient accredited programs and that is the basis for the application for exemption or extension of time.

_____

_____

_____

_____

☐ EXEMPTION REQUEST. I hereby request to be granted a hardship exemption from the minimum continuing legal education requirement pursuant to Supreme Court Rule 18 and Regulation 18.05.

☐ EXTENSION REQUEST. I hereby request an extension of time to comply with the minimum continuing legal education requirement due to hardship or extenuating circumstances pursuant to Regulation 18.05.

If this request is granted, I understand that I must complete my CLE activities and reporting requirements as soon as possible, but no later than **December 1, 2026**.

NOTE: **If you check the extension request above, please make sure you attach a proposed plan for completing the deficiency on the Extension Request Deficiency Plan form on page three.**

I hereby certify that the facts set forth above are true and correct.

_____ _____
Signature Date

NOTE: Within two weeks of receipt of this form, the Committee will notify you that your request has been approved or denied.

RETURN THE COMPLETED FORM TO:

Municipal Judge Education Committee
Office of State Courts Administrator
P. O. Box 104480
Jefferson City, MO 65110

Please complete the Extension Request Deficiency Plan on page 3.

For Office Use Only

_____ Exemption _____ Extension _____ Approved _____ Denied Credit Hours:_____

Date: _____ By: _____

EXTENSION REQUEST
DEFICIENCY PLAN
(Please print or type)

Name: _____ _____ _____
(Last) (First) (Middle Initial)

Bar Number _____ Last four digits of your social security number _____

Daytime Telephone Number _____

Do you have an iNotes account: ☐ Yes ☐ No

Alternate e-mail account _____

I intend to complete my CLE requirements by attending the following event(s) held by approved Municipal Judge Education Committee CLE Providers and are relevant to municipal courts or municipal judges:

_____
_____
_____
_____
_____

☐ Should the Municipal Judge Education Committee grant this extension, I will submit my amended compliance form as soon as possible, **but no later than December 1, 2026**.

COMMENTS:

_____
_____
_____
_____

☐ Should the Municipal Judge Education Committee grant this extension, I hereby certify that the facts set forth above are true and correct.

_____ _____
Signature **Date**