

Name: _____ SSN#: _____
 (Last) (First) (M.I.)

Preferred Mailing Address: _____
_____ Daytime Telephone # _____

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

Date

Municipal Judge Education Committee
Office of State Courts Administrator
P. O. Box 104480
Jefferson City, MO 65110
FAX: 573-522-5013

Please complete Extension Request Deficiency Plan on page 2.

EXTENSION REQUEST DEFICIENCY PLAN

(Please print or type)

Name: _____

Daytime Phone 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):

[] 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.

COMMENTS:

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

Signature

Date