APPLICATION BY A MUNICIPAL JUDGE FOR HARDSHIP EXEMPTION FROM RULE 18 REQUIREMENT OR

FOR EXTENSION OF TIME TO COMPLY WITH RULE 18

Name:				SSN#:	
	(Last)	(First)	(M.I.)		
Preferred	Mailing Address:				
				Daytime Telephone #	
1	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. (NOTE: Please describe the hardship or extenuating circumstance in the space provided below.)				
	_	_	• 1	prevented attendance of sufficient xemption or extension of time.	
3	continuing lega Regulation 18.0 and reporting re I have attached	l education requirem 05. If this request is equirements as soon	nent due to hardship granted, I understan as possible, but no	on of time to comply with the minimum or extenuating circumstance pursuant to and that I must complete my CLE activities later than December 1 . eficiency on the Extension Request	
I hereby o	certify that the facts	set forth above are to	rue and correct.		
	Si	gnature		 Date	
NOTE:	Within two weeks of	of receipt of this forn	n, the Committee w	ill	
		as been approved or		For Office Use Only	
Muni Offic P. O.	N THE COMPLE icipal Judge Educate e of State Courts A Box 104480	cion Committee Administrator		Approved Denied Credit Hours Date By:	
lette	rson City MO 651	10			

Please complete Extension Request Deficiency Plan on page 2.

FAX: 573-522-5013

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 atten	ding the following event(s):
	ucation Committee grant this extension, pliance form as soon as possible,
COMMENTS:	
I hereby certify that the facts set forth above are true	e and correct.
Signature	 Date