



Tennessee Commission on Continuing Legal Education

1321 Murfreesboro Pike, Suite 810 • Nashville, Tennessee 37217

Office: 615-741-3096 • Fax: 615-532-2477 • Email: info@cletn.com

REQUEST FOR EXCEPTIONAL RELIEF*

Name: _____ TN BPR No. _____

Email: _____ Phone: _____

If you are requesting relief due to a medical condition that has prevented you from completing the 15-hour CLE requirement, you must provide a letter from your treating physician outlining how the condition has limited or prevented you from obtaining continuing legal education credits. The annual CLE requirement is never waived, but additional time may be given in appropriate circumstances without financial penalty.

i. Describe the reason for your request.

ii. What specific relief do you seek?

iii. Describe your practice of law during the time this request encompasses.

iv. What efforts have you made to meet the 15-hour requirement?

v. What efforts have you made to mitigate the situation?

Certification

I understand that to be deemed complete my request must be submitted with supporting documentation.

I certify that the information provided in this Application and the supporting documentation is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Return this form by email: info@CLETN.com, OR by mail to: Tennessee Commission on CLE,
1321 Murfreesboro Pike, Suite 810, Nashville, TN 37217

** Tenn. Sup. Ct. R. 21 § 2.04 states: An attorney may petition the Commission in writing for "Exceptional Relief" from this Rule and may be granted Exceptional Relief upon majority vote of the Commission. An attorney applying for Exceptional Relief, including requests for appropriate waivers, extensions of time, hardship, and extenuating circumstances, shall file with the Commission a written statement showing good cause why that individual should be considered for "Exceptional Relief" and shall specify in detail the particular relief being sought.*