(For Attorneys Only)
2009 New DA and SG Workshop
January 22 -23, 2009

Continuing Legal Education Affidavit & Request For Credit

Name: _____ Title: _____

Office Address: _____ Office Phone: _____

_____ Office Fax: _____

_____ GA. Bar #: _____

_____ E-Mail: _____

City: _____ , GA Zip: _____

		Attendance Certification & Topic Name	**Hours And Category**					
#	Initials	Topic	Gen.	Ethics	Trial	Prof.	Cost	Amount Enclosed
1		The Golden Rule… The Golden Mean	0.75				$ 3.75	$
2		Professional Liability of Prosecutors	1.00				$ 5.00	$
3		Ethics Conflicts of Interest	0.50	0.50			$ 5.00	$
4		Prosecutor Office Management	1.75				$ 8.75	$
5		Personnel Management	1.00				$ 5.00	$
6		Media Relations	1.00				$ 5.00	$
7		Grand Jury Case Management and Bill of Rights	1.00				$ 5.00	$
8		Charging Decisions	1.00				$ 5.00	$
9		Ethics	1.00	1.00			$ 5.00	$
10		PAC Overview	1.00				$ 5.00	$
11		Professionalism	1.00			1.00	$ 20.00	$

Total Available:	**9.00**	**1.50**	**0.00**	**1.00**	**$ 62.50**
Fill Out Your Totals:					**$**

Please Mail To: **Prosecuting Attorneys' Council of Georgia**
104 Marietta Street, Suite 400
Atlanta, Georgia 30303

My check is enclosed in the amount of: $ _____

I certify that I attended every session initialed above in its entirety and that this is a true and correct summary of the CLE Programming I attended. I understand that any misstatement or omission may be sanctioned by the State Bar of Georgia or may be punished as provided by law.

Signature: _____ **Date:** _____

***THERE IS A TWO WEEK TURNAROUND TIME FROM THE DATE YOU SUBMIT THIS FORM TO PAC UNTIL THE TIME IT IS SUBMITTED TO THE STATE BAR.**

For PAC Use Only: Gen: _____ Eth: _____ Tri: _____ Prof: _____ ID #: _____

Check #: _____ Date Processed: _____

(For Law Enforcement Only)
2009 New DA and SG Workshop
January 22-23, 2009

Affidavit & Request For P.O.S.T. Credit

Name: _____ Title: _____

Office Address: _____ Office Phone: _____

_____ Office Fax: _____

_____ P.O.S.T. # _____

_____ SSN: _____

City: _____, GA Zip: _____ E-Mail: _____

Attendance Certification & Topic Name **Hours**

#	Initials	Topic	Gen.
1		The Golden Rule… The Golden Mean	0.75
2		Professional Liability of Prosecutors	1.00
3		Ethics Conflicts of Interest	0.50
4		Prosecutor Office Management	1.75
5		Personnel Management	1.00
6		Media Relations	1.00
7		Grand Jury Case Management and Bill of Rights	1.00
8		Charging Decisions	1.00
9		Ethics	1.00
10		PAC Overview	1.00
11		Professionalism	1.00
		Total Hours Available:	**9.00**
		Fill Out Your Total Hours:	

Please Mail To: **Prosecuting Attorneys' Council of Georgia**
104 Marietta Street, Suite 400
Atlanta, Georgia 30303

I certify that I attended every session initialed above in its entirety and that this is a true and correct summary of the P.O.S.T. Programming I attended. I understand that any misstatement or omission may be sanctioned by the State Bar of Georgia or may be punished as provided by law.

Signature: _____ **Date:** _____

For PAC Use Only: Gen: _____ Eth: _____ Tri: _____ Prof: _____ ID #: _____

Date Processed: _____

(For Attorneys Only)
2009 New DA and SG Workshop
January 22-23, 2009

Continuing Legal Education Affidavit & Request For Credit

Name: _____ Title: _____

Office Address: _____ Office Phone: _____

_____ Office Fax: _____

_____ GA. Bar #: _____

_____ E-Mail: _____

City: _____, GA Zip: _____

Attendance Certification & Topic Name **Hours And Category**

#	Initials	Topic	Gen.	Ethics	Trial	Prof.
1		The Golden Rule… The Golden Mean	0.75			
2		Professional Liability of Prosecutors	1.00			
3		Ethics Conflicts of Interest	0.50	0.50		
4		Prosecutor Office Management	1.75			
5		Personnel Management	1.00			
6		Media Relations	1.00			
7		Grand Jury Case Management and Bill of Rights	1.00			
8		Charging Decisions	1.00			
9		Ethics	1.00	1.00		
10		PAC Overview	1.00			
11		Professionalism	1.00			1.00
		Total Available:	**9.00**	**1.50**	**0.00**	**1.00**
		Fill Out Your Totals:				

Please Mail To: **Prosecuting Attorneys' Council of Georgia**
104 Marietta Street, Suite 400
Atlanta, Georgia 30303

Note: As a speaker, you may claim three (3) hours of CLE credit for each hour of your presentation. Repeat presentations qualify for one-half credits available for the initial presentation. Adjust the number of hours listed above to reflect your total available CLE hours and indicate your total hours at the bottom of the list.

Signature: _____ **Date:** _____

SPEAKER

For PAC Use Only: Gen: _____ Eth: _____ Tri: _____ Prof: _____ ID #: _____

Check #: _____ Date Processed: _____