

**(For Attorney's C.L.E. Credit ONLY)**  
**2009 Victim Witness Assistance Program Meeting**  
**January 22, 2009**

Continuing Legal Education Affidavit & Request For Credit

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

\_\_\_\_\_

Office Fax: \_\_\_\_\_

\_\_\_\_\_

GA.Bar #: \_\_\_\_\_

City: \_\_\_\_\_, GA Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Attendance Certification & Topic Name**

**Hours & Category**

#	Initials	TOPIC	Gen.	Ethics	Trial	Prof.	Cost	Amount Enclosed
1		Compensation	1.00				\$ 5.00	\$
2		Compensation for New Victims Services Directors	1.00				\$ 5.00	\$
3		Crisis Response	1.75				\$ 8.75	\$
4		Communicating with Your Prosecutor	1.00				\$ 5.00	\$
5		Victim Issues: Panel	1.00				\$ 5.00	\$
6		Parole Issues	1.00				\$ 5.00	\$
7		Grant Writing	1.00				\$ 5.00	\$
<b>Total Available:</b>			<b>5.75</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>\$ 28.75</b>	<b>\$</b>
<b>Fill out your totals:</b>							<b>\$</b>	<b>\$</b>

My check is enclosed in the amount of: \$ \_\_\_\_\_

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

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.

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ THIS FORM IS BEING SUBMITTED FOR THE PURPOSE OF REIMBURSEMENT ONLY. NO CLE HOURS ARE BEING REQUESTED.

Initials

\_\_\_\_\_ THIS FORM IS BEING SUBMITTED FOR THE PURPOSE OF REIMBURSEMENT AND CLE HOURS.

Initials

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

**For PAC Use Only:** General \_\_\_\_\_ Ethics: \_\_\_\_\_ Trial: \_\_\_\_\_ Professionalism: \_\_\_\_\_ ID# \_\_\_\_\_ Check # \_\_\_\_\_ Date Processed: \_\_\_\_\_

**(For P.O.S.T. Credit Only)**  
**2009 Victim Witness Assistance Program Meeting**  
**January 22, 2009**

Affidavit & Request for P.O.S.T. Credits

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 \_\_\_\_\_ SSN:(Required for POST) \_\_\_\_\_  
 City: \_\_\_\_\_, GA Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Attendance Certification & Topic Name			Hours
#	Initials	TOPIC	Gen.
1		Compensation	2.00
2		Compensation for New Victims Services Directors	2.00
3		Crisis Response	1.00
4		Communicating with Your Prosecutor	2.00
5		Victim Issues: Panel	1.00
6		Parole Issues	1.00
7		Grant Writing	1.00

**Total Available:** **5.75**  
**Fill out your totals:** \_\_\_\_\_

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 104 Marietta Street, Suite 400  
 Atlanta, GA 30303

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.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **THIS FORM IS BEING SUBMITTED FOR THE PURPOSE OF REIMBURSEMENT ONLY. NO P.O.S.T HOURS ARE BEING REQUESTED.**

Initials

\_\_\_\_\_ **THIS FORM IS BEING SUBMITTED FOR THE PURPOSE OF REIMBURSEMENT AND P.O.S.T HOURS.**

Initials

**For PAC Use Only:** General \_\_\_\_\_ Ethics: \_\_\_\_\_ Trial: \_\_\_\_\_ Professionalism: \_\_\_\_\_ ID# \_\_\_\_\_ Check # \_\_\_\_\_ Date Processed: \_\_\_\_\_

**(For Speakers Only)**  
**2009 Victim Witness Assistance Program Meeting**  
**January 22, 2009**

Continuing Legal Education Affidavit & Request For Credit

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 \_\_\_\_\_ GA.Bar #: \_\_\_\_\_  
 City: \_\_\_\_\_, GA Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Attendance Certification & Topic Name			Hours & Category			
#	Initials	TOPIC	Gen.	Ethics	Trial	Prof.
1		Compensation	1.00			
2		Compensation for New Victims Services Directors	1.00			
3		Crisis Response	1.75			
4		Communicating with Your Prosecutor	1.00			
5		Victim Issues: Panel	1.00			
6		Parole Issues	1.00			
7		Grant Writing	1.00			
<b>Total Available:</b>			<b>5.75</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Fill out your totals:</b>						

Please Mail To: Prosecuting Attorneys' Council of Georgia  
 104 Marietta Street, Suite 400  
 Atlanta, Georgia 30303-2743

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:** General \_\_\_\_\_ Ethics: \_\_\_\_\_ Trial: \_\_\_\_\_ Professionalism: \_\_\_\_\_ ID# \_\_\_\_\_ Date Processed: \_\_\_\_\_