



**MISSISSIPPI CONTINUING LEGAL EDUCATION**

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**ATTORNEY EXEMPTION FORM**

Name:	MS Bar #:
Address:	
Phone Number:	Email:
Business Name:	
Business Address:	
Business Phone:	

**I am exempt from or entitled to exceptional relief from the CLE requirement for the reason(s) below.**

- I did not engage in the practice of law in the State of Mississippi in CLE period 8/1/25-7/31/26.
- I reached the age of 70 during or before CLE period 8/1/25-7/31/26.
- I am a full-time judge.
- I am the Governor of the State of Mississippi.
- I am a member of the U.S. House or Senate.
- I am a member of the Armed Forces on active duty.
- I have received approval of a permanent substitute program.
- I have received a waiver from the Commission on CLE.

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

\*Email completed form to [cle@court.ms.gov](mailto:cle@court.ms.gov)