TENNESSEE COMMISSION ON CLE
221 Fourth Avenue North, Suite 300, Nashville, TN 37219
Fax: (615) 532-2477

Request for Earned Indigent Defense Credits

Attorney: _____BPR Number: _____

Address: _____

Email: _____Phone: _____

Calculate each type of hours separately.

In Court Hours

1. **In-Court Hours@ $50 Per Hour Formula: (.58 x _____ hours) ÷ 5 = _____**
2. **capital cases, lead counsel @ $100 Per Hour Formula: (.16 x _____ hours) ÷ 5 = _____**
3. **capital cases, co-counsel @ $80 Per Hour Formula: (.33 x _____ hours) ÷ 5 = _____**
4. **capital post-conviction cases @ $80 Per Hour Formula: (.33 x_____ hours) ÷ 5 = _____**

A. Total In Court CLE Ethics credits = _____

Out of Court Hours

1. **Out-of-Court Hours @ $40 Per Hour Formula: (.66 x _____ hours) ÷ 5 = _____**
2. **capital cases, lead counsel @ $75 Per Hour; Formula: (.38 x _____ hours) ÷ 5 = _____**
3. **capital cases, co-counsel @ $60 Per Hour Formula: (.5 x _____ hours) ÷ 5 = _____**
4. **capital post - conviction cases @ $60 Per Hour Formula: (.5 x _____hours) ÷ 5 = _____**

B. Total Out of Court CLE Ethics credits = _____

Number of Credits Requested: ***(If provided, attach copy of form AF-1, Claim for Attorney Fees)***

Fee Due*: _____ + _____ X $2 = $_____
A. B.

I certify that the foregoing information is complete and accurate.

Signature: _____ Date: _____

Return this form by fax only if online payment is made and receipt attached. Priority Processing will be given for online payments.
Return this form by mail if paying by check or money order. **Please do not submit duplicates.**

***TN Supreme Court Rule 21, Section 8.03 –** Attorneys attending approved out of state CLE programs, or other programs for which the sponsor does not report and pay the per-hour fee, shall be responsible for remitting their individual fees at the rate set under Section 8.04. This fee shall be paid at the time of, and along with, the report of such hours.