

**ATTORNEY AFFIRMATION**  
**OF PRO BONO CLE ACTIVITIES PERFORMED THROUGH**  
**The ECBA VOLUNTEER LAWYERS PROJECT, Inc.**

**ATTORNEY NAME:**

**LAW FIRM (if any):**

**ADDRESS:**

**PHONE #:**

**FAX #:**

**E-MAIL ADDRESS:**

**I performed CLE Pro Bono work through the ECBA Volunteer Lawyers Project, Inc.  
CLE Pro Bono Program for (select one):**

- \_\_\_\_\_ **The Attorney of the Morning Program on \_\_\_\_\_, 200**  
I provided \_\_\_\_\_ hours of pro bono legal advice and representation to low income tenants that were facing eviction proceedings in Buffalo City Court.
- \_\_\_\_\_ **The Haven House Legal Clinic on \_\_\_\_\_, 200**  
I provided \_\_\_\_\_ hours of pro bono legal advice and assistance in a clinic setting to low income victims of domestic violence.
- \_\_\_\_\_ **Client name or VLP case #**  
Between the dates of \_\_\_\_\_, 200\_\_\_ and \_\_\_\_\_, 200\_\_\_,  
I provided \_\_\_\_\_ hours of pro bono legal services by performing the following services

\_\_(Give a brief description. Include only work performed for indigent people after 1/1/2000. The CLE Board has determined that Pro Bono CLE Credit may not be granted for pro bono work representing nonprofit groups unless they have as a primary purpose to serve indigent people.)

**I hereby Affirm that the foregoing is true and correct.**

\_\_\_\_\_  
date submitted

\_\_\_\_\_  
Attorney signature

**RETURN THIS FORM TO: ECBA VOLUNTEER LAWYERS PROJECT**  
**700 Statler Towers, Buffalo, NY 14202**  
**FAX: (716) 847-0307**

cle & pro bono\atty affirmation form