

## Montana Commission of Continuing Legal Education P.O. Box 577 | Helena, MT 59624 | (406) 442-7660

## **Certificate of Good Standing in Mandatory Continuing Legal** Education (MCLE) Compliance

Attorney Name:				
Resident Jurisdiction:				
<b>Attorney</b> – fill in your name and resident jurisdiction above and ask the MCLE compliance department in your resident jurisdiction to complete the information below and return the certificate to you. Report your Comity-Plus credits with this completed and signed certificate through your Member Dashboard by <b>December 31st</b> .				
MCLE Compliance Official	:			
The above listed attorney wishes to use your jurisdiction's MCLE compliance toward meeting Montana's Comity-Plus MCLE requirements.				
Please provide the following	information:			
Is the attorney currently in compliance with your jurisdiction's mandatory continuing legal education (MCLE) requirements? ☐ Yes ☐ No				
The attorney's current MCLE		through		
The date the attorney's mos	t recent previous report	ting period ei	nded	
The number of credits required per reporting period		l: General: _	Ethi	cs:
Did the attorney comply with your jurisdiction's MC requirements by submission of approved credits d their previous reporting period?			□ Yes □ No	
Dated this	day of		,	·
			Signature	
	 Title			

If you have any further questions, please contact the Montana CLE department at <a href="mailto:cle@montanabar.org">cle@montanabar.org</a>.