

**Colorado Supreme Court  
Office of Continuing Legal & Judicial Education  
1300 Broadway, Suite 510  
Denver, CO 80203  
(303) 928-7771  
[www.coloradosupremecourt.us](http://www.coloradosupremecourt.us)**

If the Board of Continuing Legal and Judicial Education has filed in the Colorado Supreme Court a Statement of Noncompliance because you have failed to meet Colorado's mandatory continuing legal education requirement, and you would like to avoid suspension or have been suspended and wish to be reinstated from the suspension, please follow the procedures below<sup>1</sup>:

1. File with the Board three (3) copies of the enclosed petition. Address the petition to the Colorado Supreme Court and enclose a check for three hundred dollars (\$300.00).
2. The petition should state with particularity the ACCREDITED PROGRAMS of continuing legal education which YOU HAVE COMPLETED (including the dates of their completion, the name of the program's sponsor, the location of the program, and the number of credits you earned), that make up your deficiency.
3. Within ten (10) days after the receipt of an acceptable petition, the Board shall file the petition, accompanied by the Board's recommendation, with the Supreme Court.

**PLEASE SEND ALL PETITIONS TO THE BOARD'S OFFICE AT THE ABOVE ADDRESS  
OR EMAIL TO [CLEINFO@CSC.STATE.CO.US](mailto:CLEINFO@CSC.STATE.CO.US).**

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<sup>1</sup> See C.R.C.P. 250.6(10).

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Petition for Withdrawal/Reinstatement

Please list Colorado accredited programs of continuing legal education completed that fulfill the requirements of Rule 250.

<u>DATE</u> <u>ATTENDED</u> <u>SEMINAR</u> <u>OR</u> <u>DATE</u> <u>HOMESTUDY</u> <u>COMPLETED</u>	<u>SPONSOR</u>	<u>PROGRAM NAME</u>	<u>PROGRAM</u> <u>TYPE</u> <u>SEMINAR OR</u> <u>HOMESTUDY</u>	<u>GENERAL CLE</u> <u>CREDITS</u> <u>EARNED</u>	<u>ETHICS CLE</u> <u>CREDITS</u> <u>EARNED</u>	<u>EDI CLE</u> <u>CREDITS</u> <u>EARNED</u>	<u>COLORADO</u> <u>COURSE ID</u> <u>NUMBER</u>
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By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip