

SCHOLARSHIP REIMBURSEMENT FORM

P.O. Box 12248 | Austin, TX 78701
512-463-4924

Please Allow 30 days for processing

Scholarship Recipient Information:	
Name: <input style="width: 90%;" type="text"/>	Social Security Number: <input style="width: 90%;" type="text"/>
Title: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>
Business Address: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>
City/State/Zip: <input style="width: 95%;" type="text"/>	
Practice Information:	
Name of Judge You Primarily Appear Before: <input style="width: 95%;" type="text"/>	Judge's Phone: <input style="width: 95%;" type="text"/>
Primary Court Jurisdiction: <input style="width: 95%;" type="text"/>	Judge's Email: <input style="width: 95%;" type="text"/>
Please Select from the Course(s) Offered Below:	
<p><u>Webcast #1: Essentials of Child Representation in CPS Cases: Ethics and Best Practices for AALs</u> 2.0 hours of MCLE, with .75 hours of ethics credit. <i>Thursday, September 26, 2019 from 9:00 am to 11:00 am. Scholarship amount \$90.00</i></p> <p><u>Webcast #2: Mediation as a Tool for Family Reunification</u> 1.0 hours of MCLE, with .50 hours of ethics credit. <i>Thursday, September 26, 2019 from 11:15 am to 12:15 pm. Scholarship amount \$40.00</i></p> <p><u>Webcast #3: Essentials of Parent Representation in CPS Cases: Ethics and Best Practices for Attorneys Representing Parents</u> 2.0 hours of MCLE, with .75 hours of ethics credit. <i>Thursday, September 26, 2019 from 12:45 pm to 2:45 pm. Scholarship amount \$90.00</i></p> <p><u>Webcast #4: Avoiding Burnout: Essentials of Self Care in CPS Cases</u> 1.0 hours of MCLE, with .50 hours of ethics credit. <i>Thursday, September 26, 2019 from 3:00 pm to 4:00 pm. Scholarship amount \$40.00</i></p>	
<p>REQUIRED Once Registered you will receive an e-mail confirmation from @texasbarcle.com. The registration confirmation e-mail must be submitted (attached or forwarded) with this scholarship reimbursement form. Alternatively, the registration confirmation and this reimbursement form may be printed and mailed to the address below. Failure to include a copy of the registration confirmation e-mail will prevent your reimbursement.</p>	
<p>Total Reimbursement: <input style="width: 150px;" type="text"/></p>	
<p>This form may be e-signed and sent to patrick.passmore@txcourts.gov. All required supporting documentation should be scanned and attached in e-mail with form. Or, send completed form and all required documentation to: PO Box 12248, Austin, TX 78701</p>	

I CERTIFY THAT:

1. The amounts listed are actual expenses paid personally by me for the purpose stated.
2. I have not been nor will be reimbursed from any other source for any of the expenses listed.
3. This request is correct to the best of my knowledge.

Payee Signature:

Date:

For Commission Use Only

Commission Approval _____

Date _____

COMBJ _____