



Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
Supreme Court of Puerto Rico
Continuing Legal Education Program

PETITION FOR RECONSIDERATION

Instructions:

- Complete all spaces and indicate N/A where not applicable.
- Should you need additional space, you may use the Complementary Sheet (OAT Form 1413).
- Include all documents required under the Program Rules.
- If you wish to receive a mailed notice, please include a self-addressed, stamped envelope.
- Incomplete applications lacking information or documents will be returned and deemed as not filed for purposes of the Rules, including the applicable deadlines.
- Submit this application to the Program Office at the Office of Courts Administration, 677 César González Street, San Juan, Puerto Rico. You may also send it by mail to the CONTINUING LEGAL EDUCATION PROGRAM, PO BOX 190917, SAN JUAN, PR 00919-0917, or by fax at (787) 641-6602.
- For additional information, call (787) 641-6604.

PART I. TO BE COMPLETED BY APPLICANT

A. General Information of Applicant

1. Name: _____
2. Mailing address: _____
3. E-mail: _____
4. Telephone: _____
5. Fax: _____
6. Indicate if you are:
 - Provider: Name of authorized representative: _____
 Certified, Not Certified, Professional Public Entity, Private Organization (For Profit / Non-Profit)
 - Law Professional: Bar Association Member No. _____ Supreme Court No. _____

B. Determination of which reconsideration is sought

1. Course title: _____
2. Summary of determination: (Include copy of decision) _____

3. Date of decision (M/D/Y): _____
4. Date of notification (M/D/Y): _____
5. Applicable Program Rule(s): _____

C. Sufficient grounds warranting reconsideration of decision

