

**Topic:** Submission of an application for a waiver for CLE.

**Summary:** This is a step-by-step guide for submitting a waiver or extension application.

**This Guide is for:** external attorney registration users.

### Table of Contents

Login Instructions.....	2
Applying for a Waiver or Extension .....	3
Uploading a Document.....	6
Payment .....	8
My Submissions Tile.....	12
My Active Submissions .....	12
Incomplete Applications .....	14
Draft Applications .....	17
Completed Reviews .....	18

## Login Instructions

Use the attorney registration portal to login.

Select Attorney Registration and Payment.

Select Continuing Legal Education to begin.

**New Jersey eCourts Portal login**

Enter user ID and password. If you have been provided with a temporary password, log in below.

**User ID \*** [Forgot User ID?](#)

**Bar ID**

**Password \*** [Forgot / Reset Password?](#)


**Login**

Click the "+" icon to add an application to your dashboard.


+

Get additional access

eCourts Home



Attorney Registration and Payment



Registration and Payment 	Confirm or Update Contact Information 	Payment History 	Designee Users 	Certificate of Insurance 	Continuing Legal Education 	My Submissions 0 0 Incomplete
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### Applying for a Waiver or Extension

From the dropdown, select “CLE Application Waiver” or “CLE Application Extension” and click **Submit**.

The screenshot shows a form titled "CLE compliance and payment information" with a close button (X) in the top right corner. Below the title is a "Select \*" dropdown menu. The dropdown is open, showing three options: "Report CLE Compliance", "CLE Application Waiver", and "CLE Application Extension". A red arrow points from the "CLE Application Waiver" option to the "Submit" button. The "Submit" button is a green button with white text, and it is highlighted with a red rectangular box. To the left of the "Submit" button is a light blue "Cancel" button. The entire form is enclosed in a dark grey border.

A screen displays with instructions that are tailored to the application type.

The **'Additional Information'** section contains basic waiver information including payment details and the contact information for the Board on Continuing Legal Education.

**'Filer Information'** contains your name, Bar ID and other details including the **billing email** address where all emails concerning the waiver application will be sent.

**\*If the billing email is incorrect**, update it via attorney registration in the Contact Information section (you can click on the Confirm or Update Contact Information tile to do this).

Additional information

Pursuant to BCLE Reg. 202:2, upon written and certified filing of this application, and for good cause appearing, the Board, in its discretion, may waive the mandatory CLE requirements of Rule 1:42 and CLE Regulations for such period as the Board may determine either (a) undue hardship, or (b) circumstances beyond the control of the lawyer that prevent the lawyer from complying with the requirement. In addition, the Board may authorize lawyers who are medically certified as unable to attend live courses to satisfy their CLE obligation through alternative verifiable learning formats, if the courses are approved for CLE accreditation. For the Board to consider a waiver based on a medical reason, this application must be accompanied by a certification from a licensed physician stating that the attorney is physically unable to attend live courses or is unable to complete the CLE requirements during the entire compliance reporting period due to a medical issue.

Payment Information

This request for a waiver must be submitted with a **\$25.00 non-refundable fee**.

Contact Information

For **questions**, please contact the Board on Continuing Legal Education at [sctcle.mailbox@njcourts.gov](mailto:sctcle.mailbox@njcourts.gov).

Filer information

Name	Bar ID	Date of birth
EDUARDO CORROCHIO	009272003	01/03/1977
Admission date	CLE status	CLE status date
06/29/2003	ACTIVE	01/02/2014
Billing address	Billing email address	
889 DOUGH DRIVE,SUITE 4A UNION,NEW JERSEY,07083-6523	[REDACTED]@NJJUDLAB.NJCOURTS.GOV	

Registration and Payment



Confirm or Update Contact Information



Payment History



Designee Users



Certificate of Insurance



Continuing Legal Education



My Submissions

0

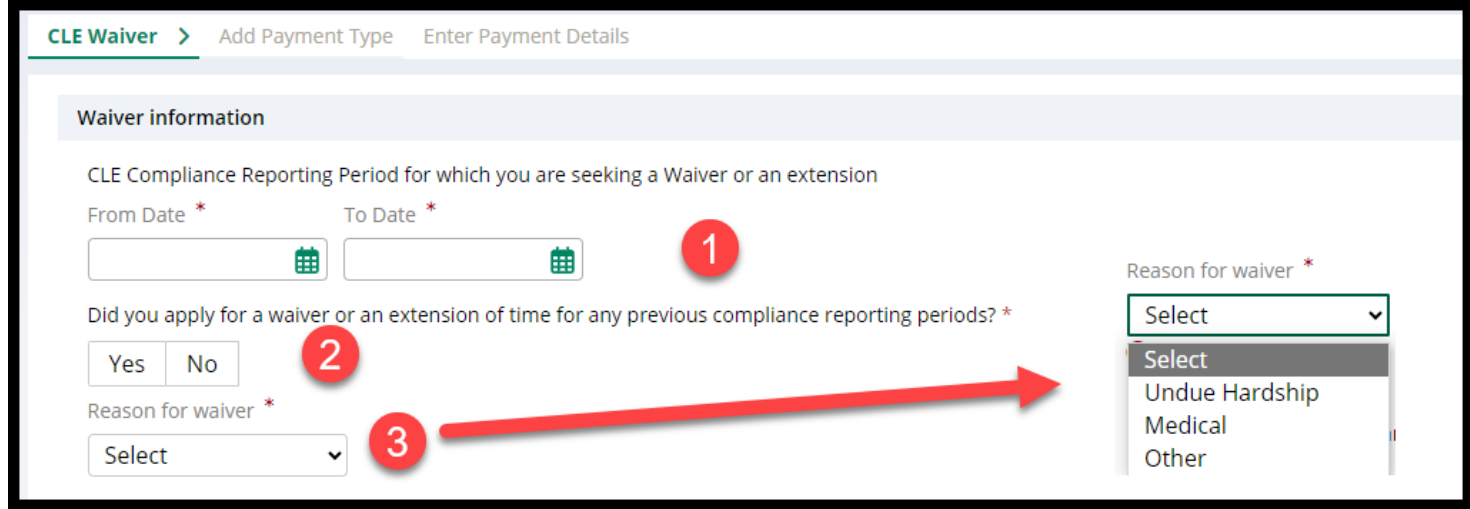
0 Incomplete

To begin:

- 1) Enter the relevant compliance period;
- 2) Respond Yes or No;
- 3) Pick the appropriate reason from the dropdown.

Instructions display based on the reason selected.

If **'Other'** is chosen, a mandatory text box displays.



**CLE Waiver** > Add Payment Type Enter Payment Details

**Waiver information**

CLE Compliance Reporting Period for which you are seeking a Waiver or an extension

From Date \* To Date \*

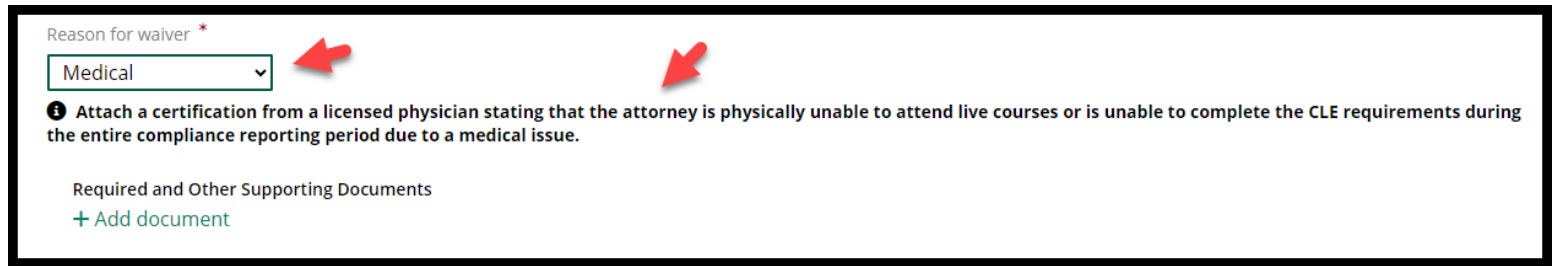
Did you apply for a waiver or an extension of time for any previous compliance reporting periods? \*

Yes No

Reason for waiver \*

Reason for waiver \*

- Select
- Undue Hardship
- Medical
- Other



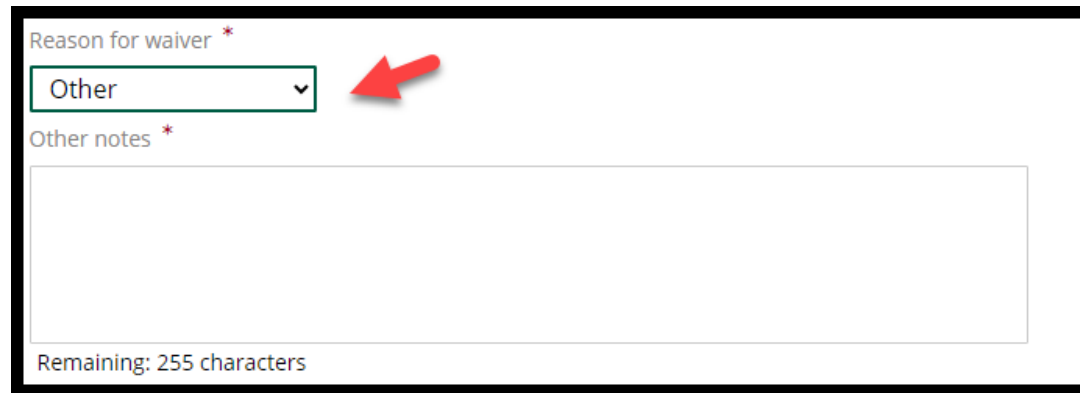
Reason for waiver \*

Medical

**1** Attach a certification from a licensed physician stating that the attorney is physically unable to attend live courses or is unable to complete the CLE requirements during the entire compliance reporting period due to a medical issue.

Required and Other Supporting Documents

[+ Add document](#)



Reason for waiver \*

Other

Other notes \*

Remaining: 255 characters

### Uploading a Document

After a reason has been selected, the

[+ Add document](#) link displays.

- Select the file or files to be uploaded;
- Pick the document type from the dropdown; and
- Enter the document description

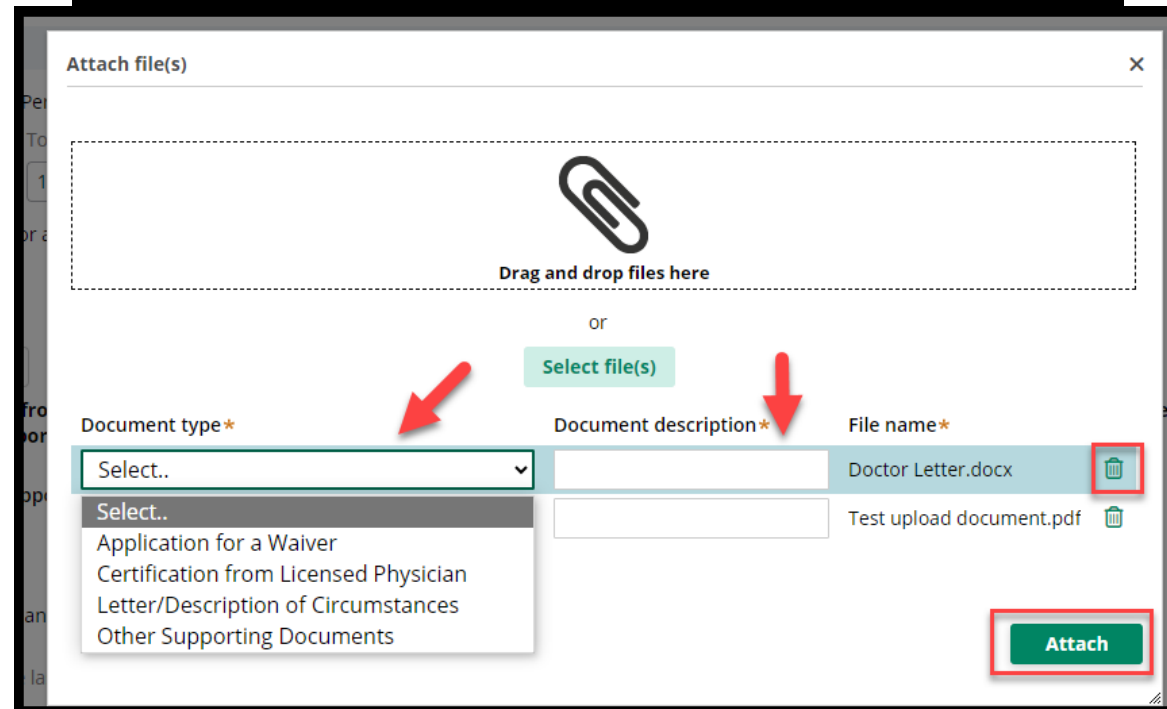
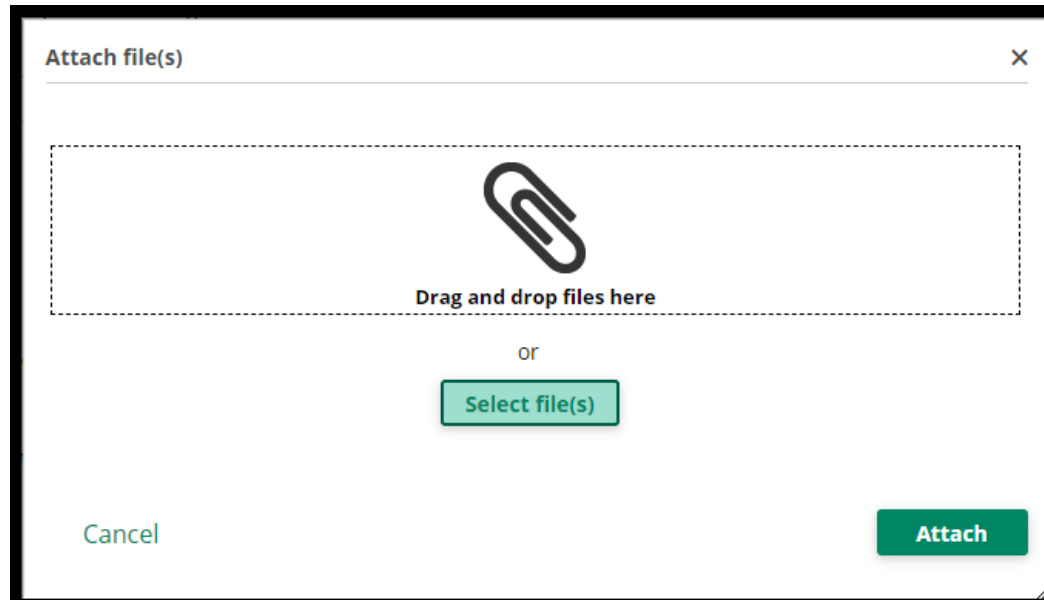
To remove a document, click the trashcan icon.

To complete upload, click 'Attach'.

Multiple documents can be uploaded at the same time.

### Document types accepted:

Word; PDF, PNG & JPEG.





After upload, the document in the 'File name' column is a hyperlink so the document can be reviewed before submission.

To delete, click the trashcan icon.

When all documents have been uploaded:



- Click the checkbox;
- Enter initials; and
- Select 'Next'

Required and Other Supporting Documents

Document type	Document description	File name	
Application for a Waiver	waiver application	Doctor Letter.docx	
Certification from Licensed Physician	doctor letter	Test upload document.pdf	

[+ Add document](#)

Required and Other Supporting Documents

Document type	Document description	File name	
Application for a Waiver	waiver application	Doctor Letter.docx	
Certification from Licensed Physician	doctor letter	Test upload document.pdf	

[+ Add document](#)

By checking the box and clicking "Next", I certify that the information contained in this application and supporting documents is accurate and true. \*

Initial to certify (first middle last initials) \*

**Payment**

*Payment may be made by credit card or JACS only.*

The fee for a waiver or extension is \$25.

**Credit Card Payments:**

A non-refundable 3% service fee is charged for all **credit card** transactions.

CLE Waiver > Add Payment Type > Enter Payment Details

**i** Payments can be made using American Express, Visa, MasterCard, Discover, or JACS.

Payment  
 Payment Type \*

**i** Payments can be made using American Express, Visa, MasterCard, Discover, or JACS.

**Service fee of 3% will be charged for this payment type and non-refundable.**

Payment  
 Payment Type \*

**Fees detail**

Filing fee	\$25.00
Transaction fee	\$0.75 <b>i</b>
<b>Total</b>	<b>\$25.75</b>



Complete all fields and click

**Submit Payment**

**Customer Information** Complete all required fields [ \* ]

Country \*  
United States

First Name \* Edward ✓ Last Name \* Corrochio ✓

Company Name ✓

Address \*  
1 Main St ✓

Address 2 ✓

City \* Any ✓ State \* NJ - New Jersey ✓

ZIP/Postal Code \*  
99999 ✓

Phone Number





Email \*  
email@test.com ✓

**Next >**

**Payment Information**

**Payment Information** Complete all required fields [ \* ]

Credit Card Number \* ?

Credit Card Type  
   

Expiration Month \*  
Select a Month

Expiration Year \*  
Select a Year

Security Code \* ?

Name on Credit Card \*

Payment Address is the same as Customer Information \*

**Next >**

Payment confirmation:

The confirmation will display:

- Payment type
- Amount paid
- Confirmation number
- Unique transaction ID specific to the application just submitted

To receive a receipt, click 'Print'.

Payment confirmation			
Payment Type	Amount paid	Payment Confirmation	Transaction ID
Credit Card	\$25.75	70025416	ATY2024CLEWE1142


Credit card transactions have a non-refundable 3% fee. Your credit card statement will display the description "TAX COURT OF NJ" for transactions.

[Print](#) [Close](#)

### JACS Payments:

- Select JACS from the Payment Type dropdown;
- Enter the JACS account; and
- Click 'Submit'

• Payments can be made using American Express, Visa, MasterCard, Discover, or JACS.

Payment  
 Payment Type \*  
 

Fees detail

Filing fee	\$25.00
Total	\$25.00

### Payment confirmation displays:

- Payment type
- Amount paid
- Confirmation number
- Unique transaction ID specific to the application just submitted

CLE Extension > Add Payment Type > Enter Payment Details

Payment Type  
 Judiciary Account Charge System (JACS)

Fees detail

Filing fee	\$25.00
Total	\$25.00


Enter JACS Account #:  Confirm JACS Account #:

To receive a receipt, click 'Print'.

Registration

Payment confirmation

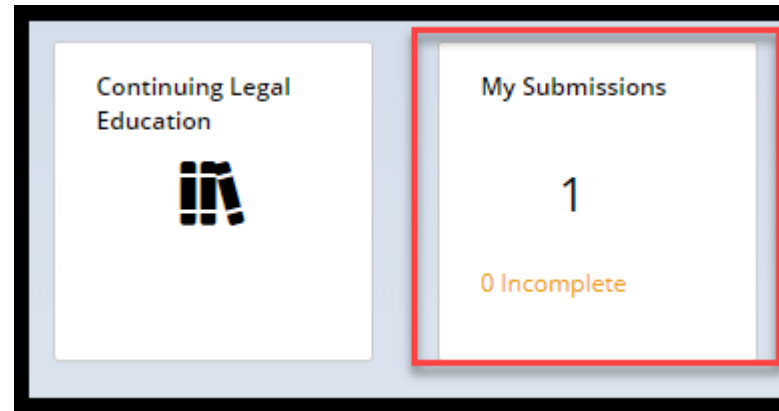
Payment Type	Amount paid	Transaction ID	Account number
Judiciary Account Charge System (JACS)	\$25.00	ATY2024CLEWE1141	143836



### My Submissions Tile

To: 1) check the **status** of an application; 2) **complete** a **pending** application; or 3) **update** an **incomplete** application, open this tile.

All active submissions as well as prior completed or withdrawn submissions are located here.



### *My Active Submissions*

An active or pending application will be located here.

An application in '**Pending-StaffReview**' status can be **opened** or **withdrawn** but not updated or changed.

My active submissions

Group Fields Density Refresh Default view >

Transaction ID	Filed date	Application type	Status	Attention
ATY2024CLEWE1142	03/05/2024	CLE Application Waiver	Pending-StaffReview	<input type="button" value="Open"/> <span style="float: right;"> <input type="button" value="Withdraw"/> </span>

### Columns:

- Transaction ID** – unique identifier for an application
- Filed date** – the date you submitted the application
- Application type** – waiver or extension
- Status** – where the application is in the review process
- Attention** – will be populated only if the application is incomplete

Clicking 'Open' displays the submitted application.

### To withdraw an application:

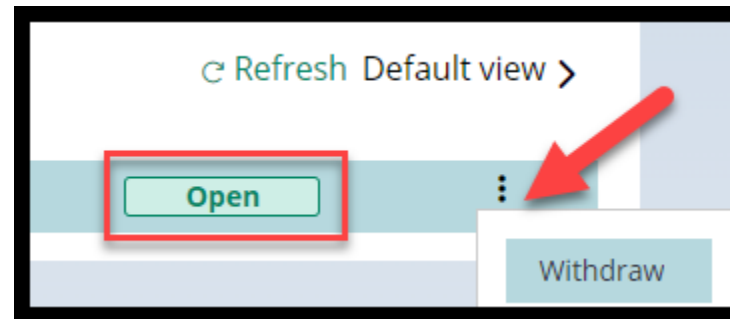
- Click the 'Withdraw' button inside the application; or
- Use the ellipse and click 'Withdraw'

Once an application has been withdrawn, it cannot be retrieved.

To submit a new application, the application process must be re-started.

**Only one (1) application may be submitted at a time.** No additional applications can be submitted while another is pending.

Filer Information			
Name EDUARDO CORROCHIO	Attorney bar ID 009272003	Phone number (732) 647-6546	
Billing address 889 DOUGH DRIVE,SUITE 4A UNION,NEW JERSEY,07083-6523	Billing email address [REDACTED].NJCOURTS.GOV		
Filing Details			
Transaction ID ATY2024CLEWE1142	Application type CLE Application Waiver	CLE compliance reporting from date 01/01/2022	CLE compliance reporting to date 01/01/2024
Reason for requesting waiver/extension Medical			
Required and Other Supporting Documents			
2 records			
Document type	Document description	File name	
Application for a Waiver	Application	Test_upload_document.pdf	
Certification from Licensed Physician	doctor letter	Doctor Letter.docx	
Payment Information			
Payment Type Credit Card	Transaction Fee 0.75	Amount Paid 25.75	Payment Transaction ID ATY2024CLEWE1142
			<input type="button" value="Cancel"/> <input type="button" value="Withdraw"/>

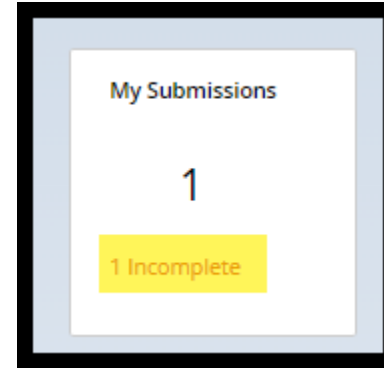


### Incomplete Applications

If the CLE staff determine that an application is incomplete, it will be returned to you.

The 'My Submissions' tile will indicate that an incomplete application is pending.

**Note:** an email will be sent to the **billing email address** regarding the incomplete application.



My active submissions						Refresh	Default view >
Transaction ID	Filed date	Application type	Status	Attention			
ATY2024CLEWE1142	03/05/2024	CLE Application Waiver	Pending-IncompleteRequest	Incomplete	Open		

Hello EDUARDO CORROCHIO,

The following was reviewed by the Board on Continuing Legal Education on 03/05/2024 and 09:36:21 AM

Application description : CLE Application Waiver

CLE compliance reporting from date: 1/1/2022

CLE compliance reporting to date: 1/1/2024

Transaction ID: ATY2024CLEWE1142

**Application status: Incomplete**

Reason: Application is incomplete. Returning to the attorney for further documentation: Need the following: 1 - test document 2 - additional documents

This notification is for informational purposes. Login in to your NJ Courts registration to make any changes.

For questions, please contact the Board on Continuing Legal Education at [sctcle.mailbox@njcourts.gov](mailto:sctcle.mailbox@njcourts.gov).

To address an incomplete application, click 'Open'.

The application will contain a section with the additional information requested.

The [+ Add document](#) link will be enabled to permit upload of additional information.

***The application cannot be re-submitted until an upload is made.***

When uploading is complete, click 'Submit' to return the application to the CLE staff.

Applications can be withdrawn at this stage if appropriate.

**This filing requires additional documentation. Attach a separate document in the Attach document section below that describes the circumstances requested by the staff.**

**Additional information requested by the staff**

Application is incomplete. Returning to the attorney for further documentation.

Need the following:  
 1 - test document  
 2- additional documents

**Attach document**

Document type	Document description	File name
Application for a Waiver	Application	<a href="#">Test upload document.pdf</a>
Certification from Licensed Physician	doctor letter	Doctor Letter.docx

[+ Add document](#)

**Payment Information**

Payment Type	Transaction Fee	Amount Paid	Payment Transaction ID
Credit Card	0.75	25.75	ATY2024CLEWE1142

Cancel Withdraw Submit

**Attach document**

Document type	Document description	File name
Application for a Waiver	Application	Test upload document.pdf
Certification from Licensed Physician	doctor letter	Doctor Letter.docx
Other Supporting Documents	Additional documents	Test upload document.pdf

[+ Add document](#)

**Payment Information**

Payment Type	Transaction Fee	Amount Paid	Payment Transaction ID
Credit Card	0.75	25.75	ATY2024CLEWE1142

Cancel Withdraw **Submit**

Upon re-submission, a confirmation message displays.

The application will be in 'Pending-StaffReview' once again.

✓ Your request has been successfully submitted for a staff review.

Case Information			
Transaction ID	Attorney ID	Submitted date	Application Type
ATY2024CLEWE1142	009272003	03/05/2024	CLE Application Waiver
CLE compliance reporting from date	CLE compliance reporting to date		
01/01/2022	01/01/2024		

Close



## Draft Applications

If an application is exited **before the payment screens**, the application will be saved in **'New'** status in 'My active submissions'.

The application can be opened and completed or withdrawn.

If the application is exited on a **payment screen**, the application will be saved in **'Pending-Payment'** status.

The application can be opened and completed or withdrawn.

UNION, NEW JERSEY, U/US3-6523

CLE Extension > Add Payment Type > Enter Payment Details

**Extension information**

CLE Compliance Reporting Period for which you are seeking a Waiver or an extension

From Date \* To Date \*

1/1/2024 3/31/2024

Did you apply for a waiver or an extension of time for any previous compliance reporting periods? \*

Yes No

Reason for extension \*

Other

Other notes \*

Reasons for extension requested entered here

Remaining: 209 characters

Attach a document below that describes the circumstances that has prompted this request. List the courses that you have taken and the number of credits that you have completed.

Required and Other Supporting Documents

+ Add document

By checking the box and clicking "Next", I certify that the information contained in this application and supporting documents is accurate and true. \*

Initial to certify (first middle last initials) \*

Cancel Next

New status:

My active submissions				
Transaction ID	Filed date	Application type	Status	Attention
ATY2024CLEWE1143		CLE Application Extension	New	Open

Pending-Payment status:


My active submissions				
Transaction ID	Filed date	Application type	Status	Attention
ATY2024CLEWE1143		CLE Application Extension	Pending-Payment	Open

## Completed Reviews


When the CLE staff has completed review and either accepted or declined the application, an email will be sent the **billing email address**.

The email may contain an attachment with the disposition of the request.

Application of Waiver

 SCTLCE Mailbox  
 To: [Redacted]

Retention Policy: M365 7 Year Retention Policy - Exchange (7 years) Expires: 3/4/2031

 Correspondence.pdf 60 KB

Hello EDUARDO CORROCHIO,  
 The following was reviewed by the Board on Continuing Legal Education on 03/05/2024 and 09:46 AM


Application description : CLE Application Waiver  
 CLE compliance reporting from date: 1/1/2022  
 CLE compliance reporting to date: 1/1/2024  
 Transaction ID: ATY2024CLEWE1142  
**Application status: Approve**  
 Reason: Updated request has been approved.

This notification is for informational purposes. Login in to your NJ Courts registration to make any changes.

For questions, please contact the Board on Continuing Legal Education at [sctlce.mailbox@njcourts.gov](mailto:sctlce.mailbox@njcourts.gov).

SUPREME COURT OF NEW JERSEY  
 BOARD ON CONTINUING LEGAL EDUCATION

Mailing Address: PO Box 945  
 Street Address: Hague Justice Complex  
 25 Market Street, 8th Floor, North Wing  
 Trenton, New Jersey 08625-0945  
 Phone (609) 515-5000



HEATHER JOY BAKER, CLERK OF THE SUPREME COURT  
 WENDY L. WEISS, Counsel  
 wtlce@mailbo@njcourts.gov

03/05/2024


Eduardo Corrochio  
 889 Dough Drive, Suite 4a  
 Union, NJ 07083-6523

RE Application for a Full waiver of the CLE Requirement

Dear Eduardo Corrochio

The Board on Continuing Legal Education has reviewed and granted your request for a full waiver of the of the continuing legal education requirement for the 2022 that began on January 01,2022 and ended on January 01,2024 based on the medical reasons provided with your application.

Should you have any questions or concerns please do not hesitate to contact the Board's staff at the phone number listed above.

Very Truly Yours,  
  
 Wendy L. Weiss  
 Board COUNSEL

The resolved application will display in the 'My Submissions' tile under 'My previous submissions'.

**Note:** withdrawn applications also display in 'My previous submissions' with a status of "Resolved-Withdrawn".

My previous submissions			
Transaction ID	Filed date	Application type	Status
ATY2024CLEWE1100	02/28/2024	CLE Application Waiver	Resolved-Completed
ATY2024CLEWE1142	03/05/2024	CLE Application Waiver	Resolved-Completed