

NEBRASKA JUDICIAL BRANCH

ATTORNEY'S FORM TO REQUEST A REINSTATEMENT OF MEMBERSHIP STATUS (FROM "SUSPENDED TO INACTIVE" AND FROM "SUSPENDED TO ACTIVE")

For attorneys seeking to reinstate their membership status from suspended to inactive or from suspended to active status. Complete this form to indicate the type of reinstatement attorney wishes to obtain. Include additional documents with this form as required. Do not use this form if attorney seeks reinstatement from disbarment or suspension for discipline.

- ASD/MCLE COMMISSION USE ONLY -
___ APPROVED
___ PENDING, requires for more information
___ DENIED, indicate reason(s)

Date: _____ Staff: _____
Certificate or Reference #: _____
Counsel for Discipline: _____
Date: _____

PART A : ATTORNEY CONTACT INFORMATION
The address provided here will be considered the current and preferred address for the attorney. Be sure to include a current & valid email address; questions and requests for supplemental information for your reinstatement application/request will be sent by email.

Name: _____ Bar #: _____
Firm/Org.: _____
Address: _____ Suspension Date: _____
City State ZIP
Email: _____ Phone: _____

Part B : SUSPENSION INFORMATION & REINSTATEMENT REQUIREMENTS
Indicate the type of reinstatement attorney wishes to obtain and include all required documents or forms as attachments to this form.

REASON OR CAUSE FOR SUSPENSION, CHECK ALL THAT APPLY:

- Suspension for Non-payment of the Mandatory License Assessment (Dues)
- Suspension for Noncompliance with Mandatory Continuing Legal Education (MCLE)
- Suspension for Discipline – do not use this form, contact the Help Desk for the proper forms & instructions

When did the attorney last pay a mandatory license assessment? Month & Year: _____
Was the attorney in compliance with CLE requirements at the time of suspension? Yes, for what year: _____ No

TYPE OF REINSTATEMENT REQUESTED AND APPLICABLE REQUIREMENTS:

- REINSTATEMENT TO INACTIVE STATUS** - Items required for this type of reinstatement include:
- Character & Fitness Review: Form available at <https://supremecourt.nebraska.gov> or contact ASD Help Desk, a C&F processing fee of \$150 may apply (payment of the C&F fee to be paid by cashier's check or money order)
 - CLE Reporting: Use Part C of this form to report education if needed, a CLE late fee of \$75 may apply
 - License Assessment: the amount to be paid will be calculated from the amount due at the time of suspension, the license assessment amount for the current year + a \$75 late fee; a separate amount may be due to the NSBA. Do not send any payment for license assessment with your application form, payment to be collected upon instruction from Attorney Services Division.

- REINSTATEMENT TO ACTIVE STATUS** – Items required for this type of reinstatement include:
- Character & Fitness Review: Form available at <https://supremecourt.nebraska.gov> or contact ASD Help Desk, a C&F processing fee of \$150 may apply (payment of the C&F fee to be paid by cashier's check or money order)
 - CLE Reporting: Use Part C of this form to report education if needed, a CLE late fee of \$75 may apply
 - License Assessment: the amount to be paid will be calculated from the amount due at the time of suspension, the license assessment amount for the current year + a \$75 late fee; a separate amount may be due to the NSBA. Do not send any payment for license assessment with your application form, payment to be collected upon instruction from Attorney Services Division.
 - Trust Account Certification – required of attorneys with an office in Nebraska
 - Attorney's Mandatory Reporting of Liability Insurance – required of all attorneys

CONTINUED ON THE NEXT PAGE....

Part C: EDUCATION ACTIVITY INFORMATION

Complete this section of the form if it was determined that the attorney has a current and/or outstanding CLE requirement to complete. A certificate of compliance from another jurisdiction is not sufficient. For education activities not already approved by the Nebraska MCLE Commission, include sufficient supporting information to show the activity meets our education standards (Rule §3-401.7).

List all activities to be considered on this application – must be dated within 12 months of application date.

*NE Activity #	Sponsor	Title of Activity/Program	**Date of Activity & Format	Total CEUs Completed at Activity	Total Professional Responsibility CEUs at Activity
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Additional Information for Part C:

* Activity numbers for CLE programs already approved by the Nebraska MCLE Commission can be found on the Attorney Services Division website: <https://mcle.wcc.ne.gov/ext/>. If you do not know or have a Nebraska Activity Number for your education activity, provide sufficient information (as attachments to this application) about the activity for us to determine that it meets our education standards. Your attachments should include: marketing brochure or invitation to the activity, timed agenda, education format (lecture, webcast, teleconference, etc.) faculty information and a description of the interactivity. Nebraska does not award CLE credit for self-study or authorship activities.

** Provide the date you participated in the program or obtained the education and the program format. Programs you attend in person at the live (not recorded) offering are considered to be the regular/traditional format. Programs you participate in over the phone, internet or video conference during the live offering (not recorded) are considered to be the distance learning format. The on demand format applies to programs that are pre-recorded. Our education standards require on demand programs to provide a mechanism for questions to the speakers and for the content to be less than two years old when you obtain the education. The Nebraska MCLE rules will be applied to the education presented here, specifically §§ 3-401.7 and 3-401.8.

Signature: _____

Digital signatures will not be accepted.

Date: _____