

ATTORNEY'S FORM TO REPORT POTENTIAL IDENTITY THEFT OR ISSUE COMPROMISING THE ATTORNEY'S PROFESSIONAL REPUTATION

For attorneys seeking to inform Nebraska Supreme Court Attorney Services Division, including Counsel for Discipline, that they have potentially been a victim of identity theft or scam.

PART A : ATTORNEY INFORMATION
The address and email address provided here will be considered the current and preferred address for the attorney.

Name: _____ Bar #: _____
 Firm/Org.: _____ Date of Birth: _____
 Address: _____ Date of Admission: _____

 City State ZIP
 Email: _____ Phone: _____

PART B : INFORMATION ABOUT THE ISSUE OR OCCURENCE
Describe what has taken place and the resulting damages or issues.

What is your specific concern? Describe what you believe has taken place and include pertinent dates, locations, websites, email addresses and/or individuals you believe to be involved. Provide documents, copies or additional information as attachments to this form as needed.

Describe what has occurred as a result of the perceived identity theft or scam.

Describe any action you are taking or have taken on this matter.

By checking this box and submission of this form, I hereby certify that the information it contains is true and correct.

Signature: _____ Date: _____
Digital signatures will not be accepted.

- Steps Attorney Services will take after verifying submitted information:
1. Notify Counsel For Discipline of identity theft
 2. Post public notification on web site

Steps Attorney should take: Notify Attorney General consumer protection unit at 402-471-2682
Contact local law enforcement to report the identity theft.