

**APPLICATION TO THE BAR OF** \_\_\_\_\_ **NEBRASKA**  
*(Jurisdiction)*

Name \_\_\_\_\_  
*First Middle Last Suffix Social Security Number\**

NCBE Number \_\_\_\_\_ If you need to make any changes to your name, date of birth and/or Social Security Number you must do so by updating your [NCBE Number information](#).

**APPLYING to reinstate from:**

Suspension Date of suspension: \_\_\_\_\_

Inactive Status taken: \_\_\_\_\_

**THE FOLLOWING QUESTIONS SEEK INFORMATION FROM THE TIME YOU WERE LAST ACTIVELY LICENSED TO THE PRESENT UNLESS OTHERWISE INDICATED**

List below all the other names or surnames you have used or been known by, and describe when, how, and why your name was changed (e.g., marriage or divorce).

■ First, Middle, Last Name, Suffix

\_\_\_\_\_ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

Reason for change \_\_\_\_\_

■ First, Middle, Last Name, Suffix

\_\_\_\_\_ *From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

Reason for change \_\_\_\_\_

Telephone numbers and an e-mail address at which you can be reached during the next six months:

( ) ( ) \_\_\_\_\_  
*Mobile or Home Office E-mail*

Mailing address at which you can be contacted about this application during the next six months:

Check if address is Residence or Business

If business, name of firm: \_\_\_\_\_

Address/P.O. Box: \_\_\_\_\_

Nature of business being performed: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

## DIRECTIONS

Any questions regarding this application must be made in writing to:

[nsc.attyadmissions@nejudicial.gov](mailto:nsc.attyadmissions@nejudicial.gov)

## PREAMBLE

The Nebraska Supreme Court (Court) exercises jurisdiction over admission to the practice of law in the state of Nebraska. The Court established the Nebraska State Bar Commission (Commission) to review all applicants and make recommendations to the Court for admission. *See* Neb. Ct. R. §3-100.

The Commission is charged with conducting an investigation into each applicant's moral character and fitness to practice law. The objective of character and fitness screening is to protect the public and to safeguard the legal system. The purpose of inquiries into the applicant's background is to produce information necessary to evaluate the applicant's character and fitness. *See* Neb. Ct. R. §3-116.

It is the applicant's responsibility to provide information as requested by the Commission to demonstrate the applicant meets the requirements for the practice of law as set forth by the Nebraska Supreme Court. *See* Neb. Ct. R. §3-125.

The Commission conducts a thorough and extensive background investigation. Failure to disclose relevant information will have serious consequences. Information gathered in the course of the investigation is for the limited purpose of determining an applicant's eligibility to practice law and is subject to rules of confidentiality set forth by the Nebraska Supreme Court. *See* Neb. Ct. R. §3-127.

\_\_\_\_\_ I have read the above.

RESIDENCE INFORMATION  
Make additional copies of this page as necessary.

1. List every permanent or temporary physical address where you have resided for a period of one month or longer in reverse chronological order for the relevant time period:

**Current Address**                      *From Mo/Yr* \_\_\_\_\_

*Street Address* \_\_\_\_\_

\_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

\_\_\_\_\_

■

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Street Address* \_\_\_\_\_

\_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

\_\_\_\_\_

■

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Street Address* \_\_\_\_\_

\_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

\_\_\_\_\_

■

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Street Address* \_\_\_\_\_

\_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

\_\_\_\_\_

■

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Street Address* \_\_\_\_\_

\_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

\_\_\_\_\_

■

*From Mo/Yr* \_\_\_\_\_ *To Mo/Yr* \_\_\_\_\_

*Street Address* \_\_\_\_\_

\_\_\_\_\_

*City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

\_\_\_\_\_

EDUCATION INFORMATION  
Make additional copies of this page as necessary.

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Field(s) of Study \_\_\_\_\_

2. List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying law since you were last actively licensed.

3. Law School \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_ Province \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Date degree received  
or expected (Mo/Yr) \_\_\_\_\_

Degree received or expected to be received (No Degree, LL.B., LL.M., etc.) \_\_\_\_\_

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ADMISSION INFORMATION

4. OTHER APPLICATIONS FOR ADMISSION AND AUTHORIZATION TO PRACTICE

Have you submitted an application for bar admission, applied as a foreign legal consultant or in-house counsel, or been admitted, licensed, or authorized to practice law in any U.S. jurisdiction (state, territory, or the District of Columbia), tribal court, or foreign jurisdiction, including admission to the bar by examination, motion, or diploma privilege? (DO NOT include information regarding admission to the U.S. federal courts or authorizations to appear pro hac vice.) Yes No

If yes for the relevant time period, list every U.S. or foreign jurisdiction, including tribal court, to which you have:

- submitted an application to pre-register as a law student, take a bar examination, register as a foreign legal consultant or in-house counsel, or be admitted to a bar or tribal court on motion.
been admitted, registered, licensed, or authorized to practice law.
submitted an application to be reinstated to a bar or tribal court.

Multiple applications and examinations in a U.S. jurisdiction, tribal court, or foreign jurisdiction require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination).

If admitted to the bar of New York, indicate the judicial department to which admitted, and complete FORM 10.

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant
Foreign Legal Consultant Transferred UBE Score Other

Date application made (Mo/Yr)

Date examination taken (Mo/Yr)

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason

Explanation

Admission or Readmission date (Mo/Day/Yr) Bar Number\*

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction
Name and address of foreign bar authority

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant
Foreign Legal Consultant Transferred UBE Score Other

Date application made (Mo/Yr)

Date examination taken (Mo/Yr)

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason

Explanation

Admission or Readmission date (Mo/Day/Yr) Bar Number\*

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other

\*If the jurisdiction does not issue a Bar Number leave this space blank.



LEGAL AND OTHER EMPLOYMENT INFORMATION

5. List your employment and unemployment information for the relevant time period, beginning with the most recent:

**\*Include any law-related employment that occurred prior to the time period for which you are reporting.**

Follow these instructions:

- Employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (i.e., attending law school, studying for the bar examination, seeking employment, etc.). For these periods of time, **check the box for Unemployment Period and describe your activities while you were unemployed in the field labeled Employment Position/Description of Unemployment.**
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.

■ CURRENT EMPLOYMENT      Currently Unemployed      Since Mo/Yr \_\_\_\_\_

From Mo/Yr \_\_\_\_\_ To PRESENT

Employment Position/Description of Unemployment \_\_\_\_\_

Employer or Firm \_\_\_\_\_

Supervisor/ Associate Name \_\_\_\_\_

Employer or Firm Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Employer Telephone ( ) \_\_\_\_\_ Supervisor/ Associate E-mail \_\_\_\_\_

*If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself for a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_



LEGAL AND OTHER EMPLOYMENT INFORMATION

Make additional copies of this page as necessary.

DO NOT furnish your own name or your own contact information for verifying employment.

■ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Unemployment Period

Employment Position/ Description of \_\_\_\_\_

Unemployment Employer or Firm \_\_\_\_\_  
(At time of employment)

Reason for leaving \_\_\_\_\_

Supervisor/ Associate Name \_\_\_\_\_

Employer or Firm Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Employer Telephone( ) \_\_\_\_\_ Supervisor/ Associate E-mail \_\_\_\_\_

If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's information below.

If you were self-employed, or employed by a relative, or if the firm is out of business, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. Do not list yourself or a relative as a confirming reference. If you provide a business address, please include the names of both the reference and the business.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

■ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_ Unemployment Period

Employment Position/ Description of Unemployment \_\_\_\_\_

Employer or Firm \_\_\_\_\_  
(At time of employment)

Reason for leaving \_\_\_\_\_

Supervisor/ Associate Name \_\_\_\_\_

Employer or Firm Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Employer Telephone( ) \_\_\_\_\_ Supervisor/ Associate E-mail \_\_\_\_\_

If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's information below.

If you were self-employed, or employed by a relative, or if the firm is out of business, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. Do not list yourself or a relative as a confirming reference. If you provide a business address, please include the names of both the reference and the business.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

EMPLOYMENT AND PROFESSIONAL INFORMATION

6. For the relevant time period have you been terminated, suspended, disciplined, laid-off, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 7.) Yes    No

If yes, provide the following information about *each* occurrence:

■  
Employer or Firm \_\_\_\_\_  
Dates of Employment:                      From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Disposition:    Terminated    Suspended    Disciplined    Laid-Off    Permitted to resign  
Date of disposition (Mo/Yr) \_\_\_\_\_  
Explanation of circumstances \_\_\_\_\_  
\_\_\_\_\_

■  
Employer or Firm \_\_\_\_\_  
Dates of Employment:                      From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Disposition:    Terminated    Suspended    Disciplined    Laid-Off    Permitted to resign  
Date of disposition (Mo/Yr) \_\_\_\_\_  
Explanation of circumstances \_\_\_\_\_  
\_\_\_\_\_

7. List the full name and address of each mandatory or voluntary bar association of which you have been or are currently a member. If you have been or are currently a member, review question 6 and report all applicable entries. Check here if you have never been a member.

■  
Name of Bar Association \_\_\_\_\_  
Dates of Membership:                      From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_

■  
Name of Bar Association \_\_\_\_\_  
Dates of Membership:                      From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_

CHARACTER AND FITNESS INFORMATION

- 8. A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney?
B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as an attorney, including any now pending?

Check here if you have never been admitted to practice law.

If you answered yes to 10A and/or 10B, please provide the following information for each matter:

Name of Regulatory Agency
Address
City State Zip
Country Province
Case Number (if applicable)
Action Taken Date
Explanation

- 9. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending?

If the answer is yes, please provide the following information for each matter:

Name of Regulatory Agency
Address
City State Zip
Country Province
Case Number (if applicable)
Action Taken Date
Explanation

- 10. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case?

Check here if you have never been admitted to practice law.

If the answer is yes, please provide the following for each sanction or disqualification:

Name of Court
Address
City State Zip
Country Province
Case Number
Case Name
Action Taken
From Mo/Yr To Mo/Yr
Reason for the sanction or disqualification

Attach a copy of the order of sanction or disqualification.

CHARACTER AND FITNESS INFORMATION

11. For the relevant time period have you been a member of the armed forces of the United States, its reserve components, or the National Guard? Yes No

If yes, complete a separate **FORM 1** for *each* period of service.

12. For the relevant time period have you held judicial office? Yes No

If yes, provide the following information about *each* office:

■

Office Held \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Name of Court \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Reason for termination (if applicable) \_\_\_\_\_

13. For the relevant time period have you applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law? Yes No

If yes, provide the following information about *each* license:

■

Type of License \_\_\_\_\_

Issued to (include business name, if applicable) \_\_\_\_\_

Current Status of License \_\_\_\_\_ Application Date (Mo/Yr) \_\_\_\_\_

License Number (if applicable) \_\_\_\_\_ Expiration/Inactive Date (Mo/Yr) \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

■

Type of License \_\_\_\_\_

Issued to (include business name, if applicable) \_\_\_\_\_

Current Status of License \_\_\_\_\_ Application Date (Mo/Yr) \_\_\_\_\_

License Number (if applicable) \_\_\_\_\_ Expiration/Inactive Date (Mo/Yr) \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

CHARACTER AND FITNESS INFORMATION

14. For the relevant time period have you been denied a license or had a license revoked for business, trade, or profession (e.g., CPA, real estate broker, physician, patent practitioner)? (If the license was not previously listed, please go back and add it to Question 15.) Yes No

If yes, please provide the following information for *each* denial or revocation:

*Action Taken:*                      *Denial*                      *Revocation*    *Date* \_\_\_\_\_

*License (Type, Application Date, License Number)* \_\_\_\_\_

*Name of Regulatory Agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

*Explanation* \_\_\_\_\_

\_\_\_\_\_

15. A. For the relevant time period have you been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office? Yes No

- B. For the relevant time have you been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending? Yes No

If you answered yes to 15A and/or 15B, please provide the following information for *each* matter:

*Name of Regulatory Agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

*Case Number (if applicable)* \_\_\_\_\_

*Action Taken* \_\_\_\_\_ *Date* \_\_\_\_\_

*Explanation* \_\_\_\_\_

\_\_\_\_\_

16. During the relevant time has any surety on any bond on which you were the principal been required to pay any money on your behalf? Yes No

If yes, complete **FORM 2**.

17. During the relevant time have you been a named party to any civil action? Yes No

**NOTE:** Family law matters (including divorce actions and continuing orders for child support) should be included here.

If yes, complete a separate **FORM 3** for *each* action.

CHARACTER AND FITNESS INFORMATION

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18. During the relevant time have you had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum?
- Yes      No

If yes, complete a separate **FORM 3A** for *each* complaint or action.

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19. A. During the relevant time Have you been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation other than a violation that was resolved in juvenile courts
- Yes      No

If yes, complete a separate **FORM 5** for *each* incident.

- B. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? (Omit parking violations.)
- Yes      No

If yes, report *each* incident on **FORM 5T**.

**NOTE:** Your responses to Questions 18 and 19 must include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

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20. During the relevant time have you been cited for, arrested for, charged with, or convicted of any violation of any law other than a case that need not be disclosed according to law (Report traffic violations at Questions 21.)
- Yes      No

If yes, complete a separate **FORM 5** for *each* incident.

**NOTE:** Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

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21. During the relevant time have you filed a petition for bankruptcy?
- Yes      No

If yes, complete a separate **FORM 4** for *each* bankruptcy petition filed.

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24. A. Have you had a credit card or charge account revoked?
- Yes      No

- B. Have you defaulted on any student loans?
- Yes      No

- C. Have you defaulted on any other debt?
- Yes      No

- D. Have you had any debts of \$500 or more (including credit cards, charge accounts, and student loans) that have been more than 90 days past due within the past three years?
- Yes      No

- E. If your answer to the question is yes, are there any additional debts not reported in that were not discharged in bankruptcy?
- Yes      No

If you answered yes to 24A, 24B, 24C, 24D, and/or 24E, complete a separate **FORM 6** for *each* debt.

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CHARACTER AND FITNESS INFORMATION

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25. During the relevant time have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner? Yes No

If you answered yes, furnish a thorough explanation below:

*Explanation*

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*Relevant date(s)* \_\_\_\_\_

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26. A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner? Yes No

- B. If your answer to Question 26(A) is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program? Yes No

If your answer to Question 26(A) or (B) is yes, complete a separate **FORM 7 & 8** for each service provider. Duplicate **FORMS 7 & 8** as needed. As used in Question 26, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

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CHARACTER AND FITNESS INFORMATION

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27. During the relevant time have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment disciplinary or termination procedure?      Yes      No

If you answered yes, furnish a thorough explanation below:

*Name of entity before which the issue was raised (i.e., court, agency, etc.)* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Telephone* (    ) \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

*Nature of the proceeding* \_\_\_\_\_

*Relevant date(s)* \_\_\_\_\_

*Disposition, if any* \_\_\_\_\_

*Explanation*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PERSONAL AND PROFESSIONAL REFERENCES

- If this box is checked provide complete information for at least six references, preferably persons who have known you for a minimum of five years. You are encouraged to include one reference from every locality where you have lived during the last ten years. Do not list yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address. Do not use names listed in response to Question 7 (employment). If you provide a business address, please include the names of both the reference and the business.

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

■  
Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Country \_\_\_\_\_ Province \_\_\_\_\_  
E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

*To be used with Question 13*  
**FORM 1 / MILITARY SERVICE**

Name \_\_\_\_\_  
First Middle Last Suffix

I am presently a member of the armed forces.  
 I was a member of the armed forces.

- A. Regular armed forces: Air Force Army Coast Guard Marine Corps Navy  
 Reserve components: Air Force Army Coast Guard Marine Corps Navy  
 National Guard: Air Force Army State \_\_\_\_\_

My serial number was/is \_\_\_\_\_ My rank was/is \_\_\_\_\_  
 Dates of service: Active Duty - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
 Reserve Duty - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
 National Guard - From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

**ATTACH COPIES OF ALL OF YOUR REPORTS OF SEPARATION (e.g., DD FORM 214-MEMBER COPY #4, NGB FORM 22, etc.). THE DD FORM 214 THAT YOU PROVIDE MUST INDICATE YOUR CHARACTER OF SERVICE.**

- B. For PRESENTLY SERVING PERSONNEL ONLY: Check: Active Reserve National Guard  
 Present duty station \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Province \_\_\_\_\_  
 Telephone number (\_\_\_\_) \_\_\_\_\_  
 Name of commanding officer \_\_\_\_\_

- C. As a member of the armed forces of the United States:  
 1. Were you ever court-martialed? \*Yes No  
 2. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ) \*Yes No

**If you are presently a member of the armed forces, do not answer Questions 3, 4, and 5.**

3. Did you receive an honorable discharge? Yes \*No  
 4. Were you allowed to resign in lieu of court-martial? \*Yes No  
 5. Were you administratively discharged? \*Yes No

**\*If you checked a box followed by an asterisk, provide an explanation for each answer:**

■ Refers to Item C (1, 2, 3, 4, or 5) \_\_\_\_\_ Date of action \_\_\_\_\_  
 Explanation of circumstances  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Result, including any punishment

\_\_\_\_\_

■ Refers to Item C (1, 2, 3, 4, or 5) \_\_\_\_\_ Date of action \_\_\_\_\_  
 Explanation of circumstances  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Result, including any punishment

\_\_\_\_\_

*To be used with Question 13*  
**FORM 1 / MILITARY SERVICE**

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Name \_\_\_\_\_  
*First Middle Last Suffix*

*To be used with Question 18*  
**FORM 2 / BONDING COMPANIES**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Name and complete address of surety (bonding company):

*Name of surety* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Amount of money paid by surety \_\_\_\_\_

Date money paid \_\_\_\_\_

Reason for bond

\_\_\_\_\_  
\_\_\_\_\_

Detailed explanation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To be used with Question 19*  
**FORM 3 / RECORD OF CIVIL ACTIONS**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Complete title of action \_\_\_\_\_

Court file number \_\_\_\_\_

Date filed \_\_\_\_\_

Name and complete address of court involved:

*Name of court* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Plaintiff's name \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

*Plaintiff's attorney* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Defendant's name \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

*Defendant's attorney* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Trial date \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Disposition

\_\_\_\_\_  
\_\_\_\_\_

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

Yes No

If the disposition resulted in a judgment, has the judgment been satisfied?

Yes No Not Applicable (Disposition did not result in a judgment.)

*If yes, give the date the judgment was satisfied* \_\_\_\_\_

*If no, what amount is still owing?* \_\_\_\_\_

Detailed explanation of suit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To be used with Question 19*

**Attach a copy of the pleadings, judgments, and/or final orders.**

**FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Date action/complaint initiated \_\_\_\_\_

Name and complete address of administrative forum or body:

*Name of administrative forum or body* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Name and complete address of investigative agency (body, board, commission, committee, etc.):

*Name of agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Disposition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed explanation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a copy of the administrative record.**

**FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY**

Name \_\_\_\_\_  
*First Middle Last Suffix Social Security Number*

Date bankruptcy filed \_\_\_\_\_

Complete title of action \_\_\_\_\_

Court file number \_\_\_\_\_

Name and complete address of court involved:

*Name of court* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

**Debts discharged:**

Credit Grantor	Account Number	Amount Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of final disposition \_\_\_\_\_

Disposition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were any adversary proceedings instituted?	Yes	No
Were there any allegations of fraud?	Yes	No
Were any debts not discharged?	Yes	No

Detailed description of circumstances surrounding filing petition for bankruptcy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.**



*To be used with Questions 21A and 22*  
**FORM 5 / RECORD OF CRIMINAL CASES**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Date (or time period) of incident \_\_\_\_\_

Charge(s) on date of arrest or citation \_\_\_\_\_

Incident location (city, county, state) \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Title of complaint, indictment, or citation \_\_\_\_\_

\_\_\_\_\_

Court file number \_\_\_\_\_

Name and complete address of court involved:

*Name of court* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Name and address of law enforcement agency involved:

*Name of law enforcement agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Name and address of defendant's attorney:

*Name of attorney* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

Date of initial court hearing \_\_\_\_\_

Charge(s) at time of initial court hearing \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Charge(s) at time of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detailed description of incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.**

*To be used with Question 21B*  
**FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS**

Name \_\_\_\_\_  
*First Middle Last Suffix Social Security Number*

Current driver's license issued by \_\_\_\_\_  
*State, Province or Country*

Current driver's license number \_\_\_\_\_

Previous driver's licenses (during the past ten years):

State, Province or Country	Previous driver's license number (if unavailable, enter "Unknown")
_____	_____
_____	_____
_____	_____

***Traffic violations involving alcohol or drugs should be reported in response to Question 21A and on FORM 5.***

**Please complete the following information for each incident. Provide approximate dates if exact dates are not available.**

■ *Name of law enforcement agency* \_\_\_\_\_  
*Incident location (city, county, state)* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Description of incident \_\_\_\_\_

■ *Name of law enforcement agency* \_\_\_\_\_  
*Incident location (city, county, state)* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
Date of incident (Mo/Yr) \_\_\_\_\_  
Charge(s) on date of incident \_\_\_\_\_  
Date of final disposition (Mo/Yr) \_\_\_\_\_  
Charge(s) at time of final disposition \_\_\_\_\_  
Final disposition \_\_\_\_\_  
Description of incident \_\_\_\_\_

**FORM 6 / DEBTS: Defaults; Past Due; Revocations**

Name \_\_\_\_\_  
*First Middle Last Suffix Social Security Number*

**This copy of FORM 6 refers to Question 24**      **A Revocation**      **B Defaulted student loan**  
**C Defaulted other debt**      **D Past due debt**  
**E Debt not discharged**

Type of debt:      Charge Account      Credit Card      Real Estate\* (e.g., mortgage, tax lien, etc.)  
Student Loan      Utility/Telephone\*      Other \_\_\_\_\_

**If this debt was discharged in bankruptcy, check here and do not complete the rest of the form**

Full account number \_\_\_\_\_

Original amount of debt \_\_\_\_\_

Current balance \_\_\_\_\_

Date of last payment \_\_\_\_\_      No payment made

Name and complete address of entity extending credit:

*Name of entity* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

*Telephone number* (\_\_\_\_) \_\_\_\_\_

*Name of retailer if different from above* \_\_\_\_\_

Name and address of current creditor or collection agency if different from above:

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

*Telephone number* (\_\_\_\_) \_\_\_\_\_

*Full account number* \_\_\_\_\_

Current status of this debt \_\_\_\_\_

Describe the history of this debt (include date(s) incurred, actions taken to collect, defenses, etc.):

\_\_\_\_\_  
\_\_\_\_\_

\* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

*Telephone number* (\_\_\_\_) \_\_\_\_\_

DO NOT ALTER THIS FORM  
Corrections/erasures VOID this form  
Please use black or blue ink

*To be used with Questions 26*

**FORM 7 / AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

*Applicant's name* \_\_\_\_\_

*Name of institution, doctor, or counselor* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Country* \_\_\_\_\_ *Province* \_\_\_\_\_

By signing below, I authorize the above provider to provide information, without limitation, relating to mental illness or the use of drugs and alcohol concerning advice, care, or treatment provided to me, to representatives of the Nebraska State Bar Commission who are involved in conducting an investigation into my moral character, professional reputation, and fitness for the practice of law. I understand that any such information as may be received will be reported only to the Nebraska State Bar Commission. The information will be used or disclosed at my request. This authorization will expire one year from the date of my notarized signature below. A photocopy of this form is acceptable for purposes of obtaining this information.

I hereby release, discharge, and exonerate the Nebraska State Bar Commission, its agents and representatives, and the above named provider, its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of any documents, records, and other information, or out of the investigation made by the Nebraska State Bar Commission.

I am not required to sign this authorization in order to receive treatment from the above provider. I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the provider has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the provider above.

\_\_\_\_\_  
*Signature of Applicant*

STATE/DISTRICT OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_  
*Month Year*

\_\_\_\_\_  
*Signature of Notary Public*

My commission expires \_\_\_\_\_

Seal or stamp must be affixed to each original.

The Nebraska State Bar Commission is aware of HIPAA requirements.

**FORM 8 / DESCRIPTION OF CONDITION OR IMPAIRMENT**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Relevant dates: From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Describe the condition or impairment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any treatment, or any program that includes monitoring or support \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and complete address of attending physician or counselor (if applicable):

*Name of physician or counselor* \_\_\_\_\_  
*Physician's or counselor's current address* \_\_\_\_\_  
\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
*Telephone* ( ) \_\_\_\_\_

Name and complete address of hospital or institution (if applicable):

*Name of hospital or institution* \_\_\_\_\_  
*Hospital's or institution's current address* \_\_\_\_\_  
\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
*Country* \_\_\_\_\_ *Province* \_\_\_\_\_  
*Telephone* ( ) \_\_\_\_\_

The Nebraska State Bar Commission is aware of HIPAA requirements.

**FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK**

Name \_\_\_\_\_  
*First Middle Last Suffix*

Date of admission \_\_\_\_\_

Department in which you were admitted (check one):

- First Department      Second Department  
Third Department      Fourth Department

Department(s) in which you have practiced law or been employed as an attorney (check **ALL** that apply and include county):

I have not practiced law in any department in New York.

First Department; County(ies) \_\_\_\_\_

Second Department; County(ies) \_\_\_\_\_

Third Department; County(ies) \_\_\_\_\_

Fourth Department; County(ies) \_\_\_\_\_













# LAW SCHOOL EDUCATION

## REQUEST FOR DEAN'S CERTIFICATION NEBRASKA STATE BAR COMMISSION

### LAW SCHOOL INFORMATION

---

Name of Law School

---

Street Address

---

City, State & Zip Code

### APPLICANT INFORMATION

---

Name of Applicant

---

Applicant's Social Security Number

---

Dates of Attendance

### RELEASE

I hereby authorize the law school to release information regarding my law school education, disciplinary record, and character and fitness for the practice of law to the members of the Nebraska State Bar Commission, its agents and representatives.

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Signature of Applicant

---

Date