| APPLICATION TO | O THE BAR | 0 <u>F</u> | NEBRA | SKA |
|--|---------------------------------------|---|---|------------------------------|
| | | | (Jurisdiction, |) |
| Name | | - | 0.00 | |
| | | Last | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Social Security Number* |
| NCBE Numbe <u>r</u> Number you must do so by updatin | If you nee gyour <u>NCBE Numbe</u> | ed to make any changes to y r information. | ourname, date of b | birth and/or Social Security |
| APPLYING to reinstate fro | om: | | | |
| Suspension Date of susp Inactive Status taken: | | _ | | |
| THE FOLLOWING QUE: LAST ACTIVELY LICEN | | | | |
| List below all the other names your name was changed (e.g., | | | by, and describe | ewhen, how, and why |
| ∎ First, Middle, Last Name, S | Suffix | | | |
| | | Fre | om Mo/Yr | To Mo/Yr |
| Reason for change | | | | |
| ∎ First, Middle, Last Name, S | Suffix | | | |
| | | En | om Mo/Yr | To Mo/Yr |
| Reason for change | | | | |
| 0 | | | | |
| Telephonenumbers and an e- | mail address at whic | ch you can be reached d | luring the next s | ix months: |
| () | () | | | |
| () Mobile or Home Mailing address at which you c | | | ringthenextsix | months: |
| Check if address is Res | sidence or Busin | ess | | |
| If business, name of firm: | | | | |
| Address/P.O Box: | | | | |
| Nature of business being per | formed: | | | |
| City | | | State | _Zip |
| Counting | | Province | | |

DIRECTIONS

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

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 informationas requested by the Commission to demonstrate the applicant meets the requirements for the practice of law as set for the 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 for the 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 | | | |
|------------------------------|---------------|----------|--------------|-----|
| | | | | |
| | <u>County</u> | | | |
| Country | | Province | | |
| | To Mo/Yr | | | |
| Street Address | | | | |
| - | County | | | - |
| | To Mo/Yr | | | |
| | <u>County</u> | | | |
| From Mo/Yr | To Mo/ Yr | | | |
| | County | | | |
| From Mo/Yr | To Mo/Yr | | | |
| City | <u>County</u> | | <u>State</u> | Zip |
| Country | | Province | | |
| From Mo/Yr Street Address | To Mo/ Yr | | | |
| City | _County | | <u>State</u> | Zip |
| Country | | Province | | |

EDUCATION INFORMATION **Make additional copies of this page as necessary.**

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 . 1 | Law Sch | ool | | | | |
|--------------|------------|----------------------------|-----------------------|------------|---------|----------------------|
| 1 | Mailing 2 | Addres <u>s</u> | | City | | State |
| 2 | Zip | Country | <u>Province</u> | From Mo/Yr | ToMo/Yr | Date degree received |
| 0 | rexpected | d (Mo/Yr) | | | | |
| Degre | e received | or expected to be received | l(No Degree, LL.B.,LL | .M., etc.) | | |

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).

 $If admitted to the bar of New York, indicate the judicial department to which admitted, and complete {\bf FORM 10}.$

| Application Type: | Bar Exam Foreign Legal (| Motion/Reciprocity Consultant | Diploma Transferred | UBE Score | Law Student Registrant Other |
|---|--|--|-----------------------------------|---------------------|---|
| Date application made | (Mo/Yr) | | | | |
| Date examination take | en (Mo/Yr) | | | | |
| | | Withdrew application | Pending | | Other reason |
| Admission or Readmiss | sion date (Mo/Day | u/Yr) | | Bar Numbe | p* |
| Admitted/Registered a | s: Attorney | In-House Counsel | Foreign Leg | gal Consultant | Other |
| Name of U.S. jurisdice Name and address of t | oreion har authorit | 5 6 5 | | | |
| Name and address of f | | y | | | |
| 5 5 | | y Motion/Reciprocity | Diploma | UBE Score | Law Student Registrant Other |
| Name and address of f | Bar Exam Foreign Legal C | y Motion/Reciprocity | Diploma Transferred | UBE Score | Law Student Registrant Other |
| Name and address of f Application Type: Date application made | Bar Exam Foreign Legal C (Mo/Yr) | y Motion/Reciprocity fonsultant | Diploma Transferred | UBE Score | Law Student Registrant Other |
| Name and address of f Application Type: Date application made Date examination take Reason not admitted: | Bar Exam Foreign Legal C (Mo/Yr) m (Mo/Yr) Failed exam | y Motion/Reciprocity ionsultant | Diploma Transferred Pending | UBE Score | Law Student Registrant Other |
| Name and address of f Application Type: Date application made Date examination take Reason not admitted: Explanation | Bar Exam Foreign Legal C (Mo/Yr) m (Mo/Yr) Failed exam | Motion/Reciprocity consultant Withdrew application | Diploma Transferred Pending | UBE Score Denied | Law Student Registrant Other Other reason |

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

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 threemonths (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 some one to whom you are related by blood or marriage as a confirming reference.

| CURRENT EMPLOYMENT | Currently Unemployed Si | nceMo/Yr | |
|---|-------------------------|----------|--|
| From Mo/YrTo Pl | RESENT | | |
| Employment Position/Description of Uner | mployment | | |
| Employer or Firm | | | |
| Supervisor/Associate Name | | | |
| Employer or Firm Mailing Address | | | |
| City | <u>State</u> | Zip | |
| Country | | ince | |
| Employer Telephon <u>e (</u>) | Supervisor/Associate I | 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 | StateZip |
| 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 | |
|--|---|
| 10 10 | |
| Unemployment E <u>mployer or Firm</u> | (At time of employment) |
| Reason for leaving | |
| Supervisor/Associate Name | |
| Employer or Firm Mailing Address | |
| City | Zip |
| Country | <u>Province</u> |
| Employer Telephone <u>(</u>) | 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. |
| someone associated with the bush | loyed by a relative, or if the firm is out of business, check this box and provide a reference (preferably iness) to whom you are not related by blood or marriage who can verify the nature and length of you t list yourself or a relative as a confirming reference. If you provide a business address, hereference and the business. |
| Name(s) | |
| Address | |
| | StateZip |
| | Province |
| Telephone () | E-mail |
| Employment Position / Description of U Employer or Firm | Inemployment |
| | (At time of employment) |
| | |
| 1 | |
| 10 0 | |
| | Zip |
| Country | |
| | Supervisor/Associate E-mail |
| 5 10 5 | address has changed, check this box and provide the current employer's/firm's information below. |
| someone associated with the busi | ployed by a relative, or if the firm is out of business, check this box and provide a reference (preferably iness) to whom you are not related by blood or marriage who can verify the nature and length of you t list yourself or a relative as a confirming reference. If you provide a business address, hereference and the business. |
| Name(s) | |
| | |
| | Zip |
| | Province |
| U U | E-mail |

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 M | lo/Yr | _To Mo/Yr_ | |
| Disposition: Terminated | Suspended | Disciplined | Laid-Off | Permittedto resign |
| Date of disposition (Mo/Yr) | | | | |
| Explanation of circumstances _ | | | | |
| | | | | |
| Employer or Firm | | | | |
| Dates of Employment: | From M | /o/Yr | To Mo/Yr | |
| Disposition: Terminated | Suspended | Disciplined | Laid-Off | Permittedto resign |
| Date of disposition (Mo/Yr) | | | | |
| Explanation of circumstances | | | | |
| | | | | association of which you have b |
| | you have been | or are current | | association of which you have b review question 6 and report all |
| currently a member. If | you have been ave never beer | or are current | ly a member, : | review question 6 and report all |
| currently a member. If Check here if you ha | you have been ave never beer | or are current | ly a member, : | review question 6 and report all |
| currently a member. If Check here if you have Name of Bar Association | you have been ave never beer From Me | or are current a member. | ly a member, : Co Mo/Yr | review question 6 and report all |
| currently a member. If Check here if you ha ■ Name of Bar Association Dates of Membership: Address | you have been ave never beer From Me | or are current a member. | ly a member, : To Mo/Yr | review question 6 and report all |
| currently a member. If Check here if you have Name of Bar Association Dates of Membership: Address City | you have been ave never beer From Me | or are current a member. o/Yr7 | ly a member, : Co Mo/Yr | review question 6 and report all |
| currently a member. If Check here if you have Name of Bar Association Dates of Membership: Address City Country | you have been ave never beer From Me | or are current a member. o/Yr7 | ly a member, : Co Mo/Yr | review question 6 and report all : |
| currently a member. If Check here if you have Name of Bar Association Dates of Membership: Address City Country Name of Bar Association | you have been ave never beer From Mo | or are current a member. | ly a member, : fo Mo/Yr | review question 6 and report all s |
| currently a member. If Check here if you have Name of Bar Association Dates of Membership: Address City Country Name of Bar Association Dates of Membership: | you have been ave never beer From Mo | or are current a member. o/Yr7 | ly a member, : fo Mo/Yr | review question 6 and report all s |
| currently a member. If Check here if you have Name of Bar Association Dates of Membership: Address City Country Name of Bar Association Dates of Membership: Address | you have been ave never beer From Mo | or are current n a member. o/Yr7 5 | ly a member, : Co Mo/Yr <i>`tate</i> Province Co Mo/Yr | review question 6 and report all s |

| 8. A . Have | e you ever been disbarred, susp | pended, censured, or otherwise re | primanded or disqualified as an atto |
|---|--|---|---|
| | e you ever been the subject of an luct as an attorney, including an | | Yes No es (formal or informal) concerning yo Yes No |
| Chec | k here if you have never been | admitted to practice law. | |
| If you a | nswered yes to 10A and/or 10B, | , please provide the following infor | mation for each matter: |
| ame of Regulator | y Agency | | |
| | | | |
| | | State | |
| - | | Province | - |
| se Number (if aj | plicable) | | |
| tion Taken | - · · | | Date |
| cplanation | | | |
| | | | |
| • | · · · | harges, complaints, or grievances (of law, including any now pendin | formal or informal) alleging that you g? Yes No |
| If the a | nsweris yes, please provide the | e following information for each n | natter: |
| ame of Regulato | y Agency | | |
| ddress | | | |
| ty | | State | Zip |
| ountry | | <u>Province</u> | |
| ise Number (if a | oplicable) | | |
| ction Taken | | | Date |
| xplanation | | | |
| | | | |
| | nctions ever been entered agai | inst you, or have you ever been d | isqualified from participating in any |
| case? | | | Yes No |
| | ere if you have never been adn | - | |
| | | ving for each sanction or disqualifica | |
| NUMBER | | | |
| | | | |
| Address | | | 1.1 |
| Address City | | | - |
| Address <u> </u> | | Province | |
| Address City Country Case Numbe | | Province | |
| Address City Country Case Numbe Case Name | | Province | |

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 a components, or the National Gua | | mber of the arn | ned forces of the Ur | iited State Yes | s, its reserve No |
|--|-------------------------|------------------|----------------------|--------------------|----------------------|
| If yes, complete a separate FORM | | riod of service. | | 103 | 110 |
| 12. For the relevant time period have y | you held judici | al office? | | Yes | No |
| If yes, provide the following inform | ation about <i>each</i> | b office: | | | |
| Office Held | From 1 | Mo/Yr | To Mo/Yr | | |
| Name of Court | | | | | |
| Address | | | | | |
| City | State | Zip | | | |
| Country | | | | | |
| Reason for termination (if applicable) | | | | | |
| Type of License Issued to (include business name, if applicable) Current Status of License | | | | | |
| License Number (if applicable) | | | | | |
| Issuing Authority | - | | | | |
| Address | | | | | |
| City | | | |) | |
| Country | | Provin | ce | | |
| | | | | | |
| Type of License | | | | | |
| Issued to (include business name, if applicable) | | | | | |
| Current Status of License | | | · · · · · | | |
| License Number (if applicable) | - | | | | |
| Issuing Authority | | | | | |
| Address | | | | | |
| City | | - | |) | |
| Country | | Provin | се | | |

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 estatebroker, physician, patent practitioner)? (If the license was not previously listed, pleasego back and add it to Question 15.)
 Yes
 Yes
 No

| Action Taken: Denial | Revocation | Date | | |
|--|--|--------------------------|--------------------|-------------------------|
| License (Type, Application Date, Licen. | seNumber) | | | |
| Name of Regulatory Agency | | | | |
| Address | | | | |
| City | | | Zip | |
| Country | | | | |
| Explanation | | | | |
| | | | | |
| 15. A. For the relevant time period as a member of another pro- | od have you been suspended, c ofession, oras a holder of public | | reprimandeo Yes | d or disqualified No |
| B. For the relevant time have informal) concerning your including any now pending | r conduct as a member of any oth | | | |
| If you answered yes to 15A ar Name of Regulatory Agency | | 0 | | : |
| Address | | | | |
| City | | | Zip | |
| Country | | | | |
| Case Number (if applicable) | | | | |
| Action Taken | | | Date | |
| Explanation | | | | |
| 16. During the relevant time has a | ny surety on any bond on which | you were the principal | | |
| 17. During the relevant time have | e vou been a named party to at | ny civil action? | Yes | No |
| | | | | |
| NOTE: Family law matters (in | icluding divorce actions and coi | nunuing orders for child | a support) sr | nouid be |
| included here. | | | | |

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

| 18. | During the relevant time have you had a complaint or action (including, but notlimit fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any | | , |
|-----|---|--------------------------|-------------------|
| | If yes, complete a separate FORM 3A for <i>each</i> complaint or action. | | |
| 19. | A. During the relevant time Have you been cited for, arrested for, charged with, or or drug-related traffic violation other than a violation that was resolved in juveni | | of any alcohol- |
| | | 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 the past ten years? (Omit parking violations.) | rafficviola Yes | tion during No |
| | If yes, report each incident on FORM 5T. | | |
| | NOTE: Your responses to Questions 18 and 19 must include matters that have bee expunged, subject to a diversion or deferred prosecution program, or otherwise set as | | ed, |
| 20. | During the relevant time have you been cited for, arrested for, charged with, or conv any law other than a case that need not be disclosed according to law (Report traffic | | |
| | Questions 21.) | Yes | No |
| | If yes, complete a separate FORM 5 for <i>each</i> incident. | | |
| | NOTE: Include matters that have been dismissed, expunged, subject to a diversi deferred prosecution program, or otherwise set aside. | on or | |
| 21. | During the relevant time have you filed a petition for bankruptcy? | Yes | No |
| | If yes, complete a separate FORM 4 for <i>each</i> bankruptcypetition filed. | | |
| 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 anyother debt? | Yes | No |
| | D. Have you had any debts of \$500 or more (including credit cards, charge accounts, a that have been more than 90 days past due within the past three years? | ind studen Yes | t loans) No |
| | E. If your answer to the question is yes, are there any additional debts not reported in discharged in bankruptcy? | n that were Yes | not No |
| | If you answered yes to 24A, 24B, 24C, 24D, and/or 24E, complete a separate FOR | M 6 for <i>ea</i> | ch debt. |

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

Relevant date(s)_____

- 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.

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:

| Address | | | | |
|--------------------------|-------|-----|--------------|--|
| City | State | Zip | Telephone_() | |
| Country | | | _Province | |
| Nature of the proceeding | | | | |
| Relevant date(s) | | | | |
| Disposition, if any | | | | |
| Explanation | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

• 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 | | Occupat | ion | Years Known |
| Name | | | | |
| Business Name | | | | |
| Address | | | | |
| City | | Zip | Telephone () | |
| Country | | | Province | |
| E-mail | | | ion | |
| Name | | | | |
| Business Name | | | | |
| Address | | | | |
| City | | Zip | Telephone () | |
| Country | | | | |
| E-mail | | | ion | |
| | | - | | |
| Name Business Name | | | | |
| Address | | | | |
| Lity | State | Zip | Telephone () | |
| Country | | | Province | |
| E-mail | | | | |
| | | - | | |
| Name | | | | |
| Business Name | | | | |
| Address City | State | Zip | Telephone () | |
| | | <u></u> 2 <i>ip</i> | Province | |
| Country <u> </u> | | Occupat | _Province ion | Years Known |
| | | 0.000 | | <u> </u> |
| Name | | | | |
| Business Name | | | | |
| Address | State | Zip | Talathana | |
| | State | <i>Lip</i> | Telephone () | |
| Country | | <u> </u> | _Province | |
| E-mail | | <u> </u> | ion | Years Known |

To be used with Question 13 FORM 1 / MILITARY SERVICE

| Jan | ne | | | | | | |
|----------|--|-------------------------------------|-----------------------------------|------------------------------|------------------------|-----------------------|-------------------------|
| | First | Middle | Las | rt - | Suffix | | |
| | I am presently a mo | | | | | | |
| | I was a member of | the armed forces | 3. | | | | |
| А. | Regular armed forces | : Air Force | Army | | ıard | Marine Corps | s Navy |
| | Reserve components: | : Air Force | Army | Coast Gu | ıard | Marine Corps | s Navy |
| | National Guard: | Air Force | Army | State | | | <u> </u> |
| | My serial numbers | was /is | | My ropk wa | ne /ie | | |
| | My serial number Dates of service: | Active Duty - | From Mo/Yr | | Tol | Mo/Yr | |
| | | Reserve Duty - | From Mo/Yr | | 10 | Mo/Yr | |
| | | National Guard | l-From Mo/Yr | | To l | Mo/Yr | |
| A] TH | TACH COPIES OF ALL O HE DD FORM 214 THAT YO | F YOUR REPORTS (OU PROVIDE MUST | OF SEPARATION (' INDICATE YOU | e.g., DD FORM R CHARACTER | 214-MEMBE OF SERVIC | R COPY #4, NGB E. | FORM 22, etc.). |
| B. | For PRESENTLY SI | EDVINC DEDSC | NINEL ONI V | Chock | Activo | Reserve | National Gu <i>a</i> rd |
|). | Present duty station | | | | | | Inational Guato |
| | Address | | | | | | |
| | City | | | State | | Zip | |
| | Country | | | Province | | | |
| | Telephonenumb | er () | | | | | |
| | Nameofcommar | nding officer | | | | | |
| 2 | As a member of the ar | 0 | | | | | |
| _ | 1. Were you ever | court-martialed | ? | | | *Yes | No |
| | 2. Were you ever | awarded non-ju | dicial punishme | ent? (Art.15 U | JCMJ) | *Yes | No |
| | If you are presently | a member of the | e armed forces | , do not ans | wer Quest | tions 3, 4, and | 5. |
| | 3 Did you receiv | e an honorabledi | ischarge? | | | Yes | *No |
| | 4. Wereyou allow | ved to resign in lie | u of court-mart | ial? | | *Yes | No |
| | 5. Were you adm | | | | | *Yes | No |
| | *If you checked a bo | ox followed by a | n asterisk, pro | ovide an exp | lanation fo | or <i>each</i> answer | : |
| | ■ Refers to Item C(| $(1 \ 2 \ 3 \ 4 \ or \ 5)$ | | Date o | faction | | |
| | | | | Date | 1 action | | |
| | Explanation of cir | cumstances | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Result, including | any punishment | | | | | |
| | | | | | | | |
| | • | <i></i> | | | | | |
| | Refers to Item C (| (1, 2, 3, 4, or 5) | <u> </u> | Date o | faction | | |
| | Explanation of cir | cumstances | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Result, including | any nunishment | | | | | |
| | resurt, including | any punisiment | | | | | F |

To be used with Question 13 FORM 1 / MILITARY SERVICE

Name

First

Middle

Suffix

To be used with Question 18 FORM 2 / BONDING COMPANIES

| Name | | | | |
|----------------------|---------------------------|------------|--------|-----|
| First | Middle | Last | Suffix | |
| Name and complete ac | ddress of surety (bonding | gcompany): | | |
| Name of surety | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | Provin | nce | |
| Amountofmoneypai | d by surety | | | |
| Date money paid | | | | |
| Reason for bond | | | | |
| | | | | |
| | | | | |
| Detailed explanation | | | | |
| Detailed explanation | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

To be used with Question 19 FORM3 / RECORDOFCIVILACTIONS

| First Middle Complete title of action | Last | Suffix |
|---|--------------------|--|
| Court file our maker | | |
| Court me number | | |
| Date filed | | |
| Name and complete address of court involved: | | |
| Name of court | | |
| Address | | |
| City | <u>State</u> | Zip |
| Country | <u>Province</u> | |
| Plaintiff's name | | |
| Address | | |
| City | <u>State</u> | Z <i>ip</i> |
| Country | Province | |
| Plaintiff's attorney | | |
| Address | | |
| City | <u>State</u> | Zip |
| Country | <u>Province</u> | |
| Defendant's name | | |
| Address | | |
| City | <u>State</u> | Z <i>ip</i> |
| Country | Province | |
| Defendant's attorney | | |
| Address | | |
| City | <u>State</u> | Zip |
| Country | Province | |
| Trial date | | |
| Date of final disposition | | |
| Disposition | | |
| | | |
| | | |
| Are you the subject of any continuing court order (e.g., | for child support | orpayment of a money judgment)? |
| Yes No If the disposition resulted in a judgment, has the judgme | unt been satisfied | c |
| . , , , , , | | sposition did not result in a judgment.) |
| If yes, give the date the judgment was satisfied | 11 (| 1 , 6 , |
| 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.

To be used with Question 20 FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

| Name | | | |
|-------------------------|----------------------------|---------------------|-----------------------------|
| First | Middle | Last | Suffix |
| Date action/complain | tinitiated | | |
| Nameand completead | dress of administrative f | orum or body: | |
| Name of administrati | ve forum or body | | |
| Address | | | |
| City | | State | Zip |
| Country | | Provin | 1Ce |
| Name and complete ad | ldress of investigative ag | ency(body,board,com | nmission, committee, etc.): |
| Name of agency | | | |
| Address | | | |
| City | | State | Zip |
| Country | | Provin | 1ce |
| Date of final dispositi | on | | |
| Disposition | | | |
| | | | |
| | | | |
| | | | |
| Detailed explanation | | | |
| - | | | |
| | | | |
| | | | |

Attach a copy of the administrative record.

To be used with Question 23 FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

| Name | Middle | I and | C //. | Control Com | |
|---------------------------------|------------------|------------------------|--------------|-------------|-------------|
| | | Last | Suffix | Social Secu | rity Number |
| Date bankruptcy filed | | | | | |
| Complete title of action | | | | | |
| Court file number | | | | | |
| Name and complete address of | court involved: | | | | |
| Name of court | | | | | |
| Address | | | | | |
| City | | S. | tate | _Zip | |
| Country | | Proi | vince | | |
| Debts discharged: | | | | | |
| Credit Grantor | | Account N | lumber | Amount I | Discharged |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Date of final disposition | | | | | |
| Disposition | | | | | |
| Disposition | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Were any adversary proceeding | 0 | | | Yes | No |
| Were there any allegations of | | | | Yes | No |
| Were any debts not discharged | d? | | | Yes | No |
| Detailed description of circums | stances surround | dingfiling petition fo | rbankruptcy: | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

| Name | | | | | |
|--------------------------|--------------------------|--------------|----------|--------|--|
| First | Middle | Las | t | Suffix | |
| Date (or time period) | ofinciden <u>t</u> | | | | |
| Charge(s) on date of an | rrest or citation | | | | |
| Incident location (city | , county, state <u>)</u> | | | | |
| Country | | | Province | 2 | |
| Title of complaint, ind | lictment, or citation | | | | |
| Court file number | | | | | |
| Name and complete a | ddress of court involved | 1: | | | |
| Name of court | | | | | |
| Address | | | | | |
| City | | State | Zip | | |
| Country | | | Province | | |
| Name and address of | law enforcement agen | cy involved: | | | |
| Name of law enforce | ement agenc <u>y</u> | | | | |
| Address | | | | | |
| City | | <u>State</u> | Zip | | |
| Country | | | Province | | |
| Name and address of | defendant's attorney: | | | | |
| | , | | | | |
| | | | | | |
| | | | | | |
| 5 | | | | | |
| Date of initial court h | earing | | | | |
| Charge(s) at time of in | itial court hearing | | | | |
| Date of final dispositi | ion | | | | |
| Charge(s) at time of fin | nal disposition <u></u> | | | | |
| Final disposition | | | | | |
| | | | | | |
| Detailed description of | 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 FORM5T / RECORDOFMOVINGTRAFFIC VIOLATIONS

| Name First | Middle | Last | Suffix | Social Security Number |
|--------------------------|-----------------------------|-------------------------|--------------------|------------------------|
| Current driver's license | e issued by <i>State, I</i> | Province or Country | | |
| Current driver's license | e number | | | |
| Previous driver's licens | ses (during the past ter | n years): | | |
| State, Province or Cour | ntry Previo | us driver's license nun | nber (if unavailal | ole, enter "Unknown") |
| | | | | |
| | | | | |
| | | | | |

$Traffic violations involving alcoholor \, drugs \, should \, be \, reported \, in \, response \, to \, Question \, 21A \, and \, on \, FORM \, 5.$

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

| Name | | | | | |
|--|---|-----------------|--|------------------------------|---|
| First | Middle | | Last | Suffix | Social Security Number |
| This copy of FOI | RM 6 refers to Ques | tion 24 | | | B Defaulted student loar D Past due debt |
| Type of debt: | ChargeAccount | Credit Card | | Real Estate* (e | .g., mortgage, tax lien, etc.) |
| | Student Loan | Utility/Telepl | hone* | Other | |
| If this debt was o | discharged in bankı | ruptcy, check | here and | do not complete | e the rest of the form |
| Full account num | ber | | _ | | |
| Original amount o | fdebt | | | | |
| Current balance | | | | | |
| | ent | | | Nopaymentm | ade |
| | te address of entity e | | | | |
| Name of entity | - | | | | |
| 0 0 | | | | | |
| 1 10000 000 | | | State | | Zib |
| | | | State | | |
| City | | | | | |
| City Country | | | P | rovince | |
| City Country Telephone numb | ber() | | P | rovince | |
| City Country Telephone numb Name of retailer | ber() | | P; | rovince | |
| City Country Telephone numb Name of retailer Name and address | ber() if different from above | collection agen | Pa | rovince rent from above: | |
| City Country Telephone numb Name of retailer Name and address Name | ber() - <i>if different from above</i> of current creditor or | collection agen | P | rovince erent from above: | |
| City Country Telephone numb Name of retailer Name and address Name Address | ber(<u>)</u> if different from above of current creditor or | collection agen | P | rovince | |
| City Country Telephone numb Name of retailer Name and address Name Address City Country | ber(<u>)</u> if different from above of current creditor or | collection agen | P; ncy if diffe State P; | rovince | Zi <u>p</u> |
| City Country Telephone numb Name of retailer Name and address Name Address City Country | ber(<u>)</u> if different from above of current creditor or | collection agen | P; ncy if diffe State P; | rovince | Zi <u>p</u> |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb | ber(<u>)</u> if different from above of current creditor or | collection agen | P; ncy if diffe StateP; | rovince | Zi <u>p</u> |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num | ber(| collection agen | P; ney if diffe StateP; | rovince | Zip |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num | ber(<u>)</u> if different from above of current creditor or er () | collection agen | P; ney if diffe StateP; | rovince | Zip |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num | ber(| collection agen | P; ney if diffe StateP; | rovince | Zip |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num | ber(| collection agen | P; ney if diffe State P; | rovince | Zip |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num | ber(| collection agen | P; ney if diffe State P; | rovince | Zip |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num | ber(| collection agen | P; ney if diffe State P; | rovince | Zip |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num Current status of the Describe the histor | ber () if different from above of current creditor or er () wher his debt ry of this debt (include | collection agen | P; hey if diffe StateP; d, actions | rovince | Zip |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num Current status of th Describe the histor | ber () if different from above of current creditor or er () wher his debt ry of this debt (include | collection agen | P; | rovince | Zip |
| City Country Telephone numb Name of retailer Name and address Name Address City Country Telephone numb Full account num Current status of the Describe the histor * For real estate an Address | ber () if different from above of current creditor or er () der nis debt ry of this debt (include | collection agen | P; hey if diffe StateP; _P; | rovince | Zip |

To be used with Question 24 FORM 6 / DEBTS: Defaults; Past Due; Revocations

To be used with Questions 26 FORM 7 / AUTHORIZATION TO RELEASE MEDICAL INFORMATION

| Applicant's name | | | | |
|--|--------------|----------|--|--|
| Name of institution, doctor, orcounselor | | | | |
| Address | | | | |
| City | <u>State</u> | 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 | l before me this | day |
| of | | |
| Month | Year | |
| Signature of Notary Public | | |
| My commission expires | | |
| Seal or stamp must be affixed to eac | ch original. | |

The Nebraska State Bar Commission is aware of HIPAA requirements.

To be used with Question 26 FORM 8 / DESCRIPTION OF CONDITION OR IMPAIRMENT

| Name | | | | |
|--------------------|-------------------------------|---------------------------|----------------|--|
| First | Middle | Last | Suffix | |
| Relevant dates: | From Mo/Yr | To Mo/Yr | | |
| | | | | |
| Describe the co | ndition or impairmen <u>t</u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Describe any tr | eatment, or any program the | at includes monitoringors | uppor <u>t</u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | pleteaddress of attending pl | | | |
| | sician or counselor | | | |
| Physician's o | r counselor's current address | | | |
| City | | State | Zin | |
| - | | | - | |
| _ |) | | | |
| | ÷ | | | |
| Name and com | oleteaddress of hospital or i | nstitution(ifapplicable): | | |
| - | pital or institution | , | | |
| | institution's current address | | | |
| | | | | |
| City | | <u>State</u> | Zip | |
| Country | | Provi | nce | |
| Telephone <u>(</u> |) | | | |

 $The Nebraska State \ Bar \ Commission \ is \ aware \ of \ HIPAA \ requirements.$

To be used with Question 6 FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

| Name | | | | |
|-------------------------|--|------|---|------|
| First | Middle | Last | Suffix | |
| Date of admission | | | | |
| Department in which you | | | | |
| First Department | Second Departmen | nt | | |
| Third Department | Fourth Department | t | | |
| include county): | you have practiced law o w in any department in N | 1 2 | as an attorney (check ALL that apply | yand |
| First Department; Co | unty(ies) | | | |
| Second Department; | County(ies) | | | |
| Third Department; Co | ounty(ies) | | | |
| Fourth Department; C | County(ies) | | | |

NEBRASKA STATE BAR COMMISSION BACKGROUND CHECK WAIVER

This form must be completed and signed by each applicant for whom criminal history records are requested by a qualified entity under Nebraska law.

I hereby authorize the Nebraska State Bar Commission to submit a set of my fingerprints and this form to the Nebraska State Patrol for the purpose of accessing and reviewing the Nebraska and FBI national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the above agency with which I am seeking admission.

I understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

I have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

| | |
|----------------|-------|
| | |
| | |
| | |
| Signature: | Date: |
| | |
| Printed Name: | |
| Address: | |
| Address. | |
| Date of Birth: | |
| | |
| | |

DO NOT ALTER THESE FORMS Corrections/erasures VOID this form

OATH OF APPLICANT

| STATE OF |) |
|-----------|-----|
| |)ss |
| COUNTY OF |) |

I have read the foregoing questions and have answered the same fully and frankly. The answers are complete and are true of my own knowledge. I understand that false information may be grounds for disbarment. The undersigned further declares and represents that any occurrence or event taking place prior to admission to the bar, which may render inaccurate, untrue, or incomplete any statement made herein, will immediately be reported in writing to the Nebraska State Bar Commission.

I further depose that, having submitted the foregoing application using the Commission's web version, no revisions or alterations have been made to the text or questions contained therein; that if revisions or alterations are made, it is understood by me that the application may be denied or, if granted, may be revoked, and all fees forfeited.

(Signature of Applicant)

(Date)

SUBSCRIBED and sworn to before methis

| day of | |
|--------|--|
| | |

Notary Public_____

My Commission expires:

(SEAL)

Nebraska Revised 09/2023 ASD 3:15

AFFIDAVIT AS TO APPLICANT'S MORAL CHARACTER

| STATE OF |) |
|-----------|-----------|
| COUNTY OF |)ss.) |

, being first duly sworn, state that I am not the spouse or a relative of and am well acquainted with named ______, having known him/her for_____years; that (s)he is of good reputation in the community where (s)he resides, and that I believe him/her to be of good moral character.

(Signature)

(Date)

SUBSCRIBED and sworn to before me this

_____ day of _____

Notary Public_____

My Commission expires:

(S E A L)

AFFIDAVIT AS TO APPLICANT'S MORAL CHARACTER

| STATE OF |) |
|-----------|------|
| |)ss. |
| COUNTY OF |) |

having known him/her for_____years; that (s)he is of good reputation in the community where (s)he resides, and that I believe him/her to be of good moral character.

(Signature)

(Date)

SUBSCRIBED and sworn to before me this

____day of_____

Notary Public_____

My Commission expires: _____

(S E A L)

AUTHORIZATION AND RELEASE

| I, (Name) | | | |
|----------------|---------|-----------|--|
| | | | |
| born at (City) | (State) | (Country) | |

on (Date)______, having filed an application for admission to the bar of Nebraska, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to provide any further information which may be required concerning my past record. I understand that the contents of my character report are confidential, and may not be disclosed to me.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement, court, association or institution having control of any documents, records and other information, to furnish to the Nebraska State Bar Commission any such information, including documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pendingor closed, or any other pertinent data, and to permit the Nebraska State Bar Commission or any of its agents or representatives to inspect and make copies of such documents, records and other information. The records, however, will not include any information in respect to a juvenile offense.

I authorize the National Personnel Records Centerin St. Louis, MO, or other custodian of mymilitary records to release to the Nebraska State Bar Commission information or photocopies from mymilitary personnel and related medical records, or only the following information/records: ______. This would include a photocopy of myDD Form 214, Record of Separation.

I hereby release, discharge and exonerate the Nebraska State Bar Commission, its agents and representatives, the admitting authority of the above jurisdiction, it's agents and representatives, and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information on the investigation made by the Nebraska State Bar Commission or by the admitting authority.

| STATE OF |) | |
|-----------|------|------------------------|
| COUNTY OF |)ss. | Signature of Applicant |
| COUNTI OF | .) - | Date |

SUBSCRIBED and sworn to before methis

| Notary Public |
|---------------|
|---------------|

| | 0 | | | |
|----|-----|-----|------|------------|
| Mv | Com | m1S | S101 | n expires: |
| | | | | |

(S E A L)

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.

Signature of Applicant

Date