

# NEBRASKA JUDICIAL BRANCH

## ATTORNEY'S FORM TO REQUEST A TRANSFER OF MEMBERSHIP STATUS ("INACTIVE TO ACTIVE" AND "ACTIVE TO INACTIVE")

For attorneys seeking to transfer their membership status from active to inactive or from inactive to active status. Complete this form to indicate the type of transfer you wish to make. Include additional documents with this form as required/requested. Do not use this form if you are seeking reinstatement from a disciplinary suspension or disbarment.

**- ASD/MCLE COMMISSION USE ONLY -**

\_\_\_ APPROVED  
 \_\_\_ PENDING, requires for more information  
 \_\_\_ DENIED, indicate reason(s)

\_\_\_\_\_

Date: \_\_\_\_\_ Staff: \_\_\_\_\_  
 Certificate or Reference #: \_\_\_\_\_  
 CD OK on Actives: \_\_\_\_\_

**PART A : ATTORNEY CONTACT INFORMATION**  
 The address provided here will be considered the current and preferred address for the attorney and will be the address the attorney license or bar card will be sent to. A current email address is required. Important notices and updates will be sent by email.

Name: \_\_\_\_\_ Bar #: \_\_\_\_\_  
 Firm/Org.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part B: TRANSFER INFORMATION**  
 Indicate the type of transfer attorney wishes to make and include all required documents or forms as attachments to this form.

**Active to Regular Inactive or Emeritus Inactive Transfer**

This type of transfer requires only the attorney's intention declared on this form (with the selection made here) and signature below. Attorneys are eligible for emeritus inactive status after 55 years of practice or obtaining age 75. Emeritus inactive members do not pay an annual license assessment. To claim the emeritus inactive status, provide either the date you were admitted or your date of birth: \_\_\_\_\_.

**Inactive to Active Transfer**

There are several items required before this type of transfer would be approved an in effect. All items listed below are required before a bar card will be issued.

- Request status indicated on this form and signature below.
- Trust Account Certification Form - required of attorneys with an office in Nebraska
- Attorney's Mandatory Reporting of Insurance Form
- Required Education (CLE) for Eligibility for Active Status
  - Contact the MCLE Commission for determination of the CLE requirement & use Part C to itemize the education.
  - If attorney had previously transferred to inactive without making a required MCLE report, that education will need required in addition to the amount of education needed for active status. An additional fee will also apply.
  - Once the transfer is executed, the attorney is immediately subject to the MCLE rules and requirements for the current CLE year. Plan accordingly.
  - Education presented on this form and used for transfer/reinstatement cannot be re-reported, repeated or included on first CLE report required as an active attorney.
- Payment of the mandatory assessment for an active attorney for the current year (\$49.00) - ASD will contact you for this payment.

**Part C: EDUCATION ACTIVITY INFORMATION**  
 A transcript or certificate of compliance from another jurisdiction is not sufficient. For education activities not already approved by the Nebraska MCLE Commission, include sufficient supporting information to show the activity meets our education standards (Rule §3-401.7).

List all activities to be considered on this application; only education obtained in 12 months prior to the application can be considered.

*NE Activity #	Sponsor	Title of Activity/Program	**Date of Activity & Format	Total CEUs Completed at Activity	Total Professional Responsibility CEUs at Activity
1					
2					

**Part C: EDUCATION ACTIVITY INFORMATION (continued)**

A transcript or certificate of compliance from another jurisdiction is not sufficient. For education activities not already approved by the Nebraska MCLE Commission, include sufficient supporting information to show the activity meets our education standards (Rule §3-401.7).

List all activities to be considered on this application; only education obtained in 12 months prior to the application can be considered.

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

*Additional Information for Part C:*

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

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

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Digital signatures will not be accepted.

Submit this form to NSC Attorney Services Division, 3806 Normal Blvd., Lincoln, NE 68509-8910  
HELP DESK: 402.471.3137; fax: 402.471.2512; email: [nsc.attrservices@nebraska.gov](mailto:nsc.attrservices@nebraska.gov)

## TRUST ACCOUNT CERTIFICATION

If your membership status is Regular Active, Junior Active, Senior Active, or Military Active, and you have an office in Nebraska, you must complete this form. Judicial Active members are not required to complete this form.

, STATES AS FOLLOWS:

(Print Name Here)

I am an attorney duly licensed to practice law in the State of Nebraska, and I am familiar with the provisions of the Nebraska Supreme Court Rules and Neb. Rev. Ct. R. § 3-501.15, requiring:

- 1) that all lawyers holding funds of clients or third persons must maintain a separate account for such funds (commonly known as a trust account)
- 2) that every lawyer maintaining a trust account containing client funds of a nominal amount or held for a short period of time must participate in the Interest On Lawyers Trust Account (IOLTA) Program unless a written Notice of Declination is submitted to the Chief Justice of the Supreme Court by February 15 of the year to which the Notice of Declination will apply**
- 3) certain reporting and production by approved financial institutions in regard to overdrafts of trust accounts

**ATTORNEYS WHO DO NOT HANDLE CLIENT FUNDS:**

I am **EXEMPT** from the provisions of these rules because: I do not have an office in Nebraska, I do not maintain a trust account and in Nebraska and I handle no funds of clients or third persons in Nebraska and do not expect to receive of clients or third persons within the next twelve (12) months. I understand that if this changes at any time I am required to use the website to notify the Court of any changes.

**ATTORNEYS WHO HANDLE CLIENT FUNDS:**

I, or my firm, maintain one or more trust accounts for the deposit of funds from clients or third persons. I will participate in the Interest On Lawyers Trust Accounts (IOLTA) Program for the accounts listed below that are specifically identified as IOLTA accounts. I certify that the following information pertaining to said accounts is true and accurate, and grant the following authorizations.

NAME OF FINANCIAL INSTITUTION & ADDRESS	NAME ON ACCOUNT	ACCOUNT NO.	IOLTA <small>(Please check)</small>
			Yes No*
			Yes No*
			Yes No*

\* Circling "No" may require filing be made pursuant to Neb. Ct. R. § 3-903(C) to effect a declination.

**Below: List names and addresses of all persons authorized to sign checks or make withdrawals on each account.**

### Authorization to Financial Institutions

**IOLTA Participation:** For all accounts listed above where I have indicated "Yes" under "IOLTA," I hereby authorize such financial institution in which I maintain a trust account for client funds or third persons to automatically, and without further documentation, convert my trust account described above to an interest-bearing IOLTA account subject to the provisions of the Nebraska Supreme Court Rules. In summary, the financial institution is specifically authorized and directed to remit the interest earned, less customary services or charges, to the Nebraska Lawyers Trust Account Foundation. The Taxpayer Identification Number certification (IRS Form W-9 and 1099 information returns), if required, will show the **Nebraska Lawyers Trust Account Foundation, PO Box 95103, Lincoln, NE 68509, Taxpayer I.D. No. 36-3357241**, as the recipient of interest.

**Automatic Notice of Trust Account Overdrafts:** I hereby consent to the release by the financial institution referenced above of information associated with the trust account(s) maintained at said financial institution for purposes of complying with the reporting and production requirements mandated by the Trust Account Overdraft Notification Rules as adopted by the Nebraska Supreme Court. All such notices must be sent to the Counsel for Discipline, 3808 Normal Blvd., Lincoln, NE 68506.

**Attorney or Firm Name:** \_\_\_\_\_

**Bar Number:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_  
 \_\_\_\_\_

**MANDATORY REPORTING OF PROFESSIONAL  
LIABILITY INSURANCE COVERAGE  
REQUIRED FOR ALL ACTIVE ATTORNEYS**

I am engaged in the private practice of law involving representation of clients drawn from the public:

Yes\_\_\_\_ No\_\_\_\_

I am currently covered by a professional liability insurance policy other than an extended reporting endorsement:

Yes\_\_\_\_ No\_\_\_\_

I am currently a member of a professional corporation, limited liability company, or a limited liability partnership and maintain the insurance coverage required by the rule governing Limited Liability Professional Organizations:

Yes\_\_\_\_ No\_\_\_\_

I am engaged in the practice of law as a full-time government attorney or in-house counsel and do not represent clients outside that capacity, and therefore, I am exempt from the provisions of this rule.

Yes\_\_\_\_ No\_\_\_\_

I hereby certify the truth of the information provided above.

\_\_\_\_\_  
**Signature of Attorney**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Attorney**

\_\_\_\_\_  
**Nebraska License Number**

NEBRASKA SUPREME COURT  
ATTORNEY SERVICES DIVISION  
3806 Normal Blvd.  
LINCOLN, NE 68506

Help Desk PHONE: 402.471.3137 – FAX: 402.471.2512 – EMAIL: [NSC.ATTRSERVICES@NEBRASKA.GOV](mailto:NSC.ATTRSERVICES@NEBRASKA.GOV)