

<p>- ASD/MCLE COMMISSION USE ONLY -</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> PENDING, requires for more information</p> <p><input type="checkbox"/> DENIED, indicate reason(s)</p> <p>_____</p> <p>_____</p> <p>Rec'd Date: _____</p> <p>Staff: _____</p>
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**ATTORNEY'S FORM FOR APPLICATION FOR RESIGNATION OF MEMBERSHIP IN THE NEBRASKA STATE BAR ASSOCIATION**

*For attorneys seeking to resign their membership; from active or inactive to resigned.*  
Complete this form to make an application for resignation. This application form must be notarized.  
Resignations from attorneys not in good status or delinquent with respect to the annual membership assessment cannot be accepted.

I, \_\_\_\_\_, do hereby tender my resignation as a member of the Nebraska State Bar Association in accordance with Article III, Section 8 of the Rules Creating, Controlling and Regulating the Nebraska State Bar Association and, being first duly sworn, do hereby certify that I have not been suspended or disbarred in any other state or by any other court; that I have not voluntarily surrendered my license to practice law in any other state or to any court in connection with any investigation or disciplinary proceeding against me; that, to my knowledge, I am not now under investigation, nor are any complaints or charges pending against me, with reference to any alleged violation of my professional responsibilities as a lawyer; that I have no pending matters that require that I have an active Nebraska license to practice; and I hereby agree to be subject to the jurisdiction of the Supreme Court of the State of Nebraska for a period of three years from the date of my resignation is accepted for the purpose of disciplinary proceedings for any alleged violation of my professional responsibilities as a lawyer.

\_\_\_\_\_  
Attorney Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Attorney's Name & License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Status at time of resignation