

**NOTICE OF LIMITED APPEARANCE**

IN THE COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

\_\_\_\_\_,  
Plaintiff,

Case No. \_\_\_\_\_

VS.

\_\_\_\_\_,  
Defendant,

**NOTICE OF LIMITED APPEARANCE**

I, \_\_\_\_\_, attorney, on behalf of \_\_\_\_\_, enter a limited appearance in this matter for the purpose of the following under the limited scope agreement:

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

Upon completion of these tasks, I will file a Certificate of Completion of Limited Representation within 10 days of completion and provide copies to \_\_\_\_\_, the represented party, and \_\_\_\_\_, the other party or the other party's attorney in this matter.

\_\_\_\_\_ does not enter an appearance outside this limited scope of representation at this time.

\_\_\_\_\_  
Signature of Attorney Date \_\_\_\_\_

\_\_\_\_\_  
Name of Attorney (printed) Street Address/P.O. Box

\_\_\_\_\_  
Bar number and firm name City/State/ZIP Code

\_\_\_\_\_  
Phone E-mail Address

\_\_\_\_\_  
Signature of Plaintiff / Defendant Date \_\_\_\_\_

\_\_\_\_\_  
Name of Plaintiff / Defendant (printed) Street Address/P.O. Box

\_\_\_\_\_  
Phone E-mail Address City/State/ZIP Code

CERTIFICATE OF SERVICE

The undersigned certifies that the foregoing document was served by delivering the same through United States First Class Mail, postage prepaid, addressed to:

Name:

Address:

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

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Attorney (printed)

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

\_\_\_\_\_  
Bar number and firm name

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address