

# NEBRASKA JUDICIAL BRANCH

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

For attorneys seeking to reinstate their membership status from resigned to inactive or from resigned to active status. Complete this form to indicate the type of reinstatement attorney wishes to make. Include additional documents with this form as required. Do not use this form if attorney seeks reinstatement from disbarment or suspension.

**- ASD/MCLE COMMISSION USE ONLY -**  
\_\_\_ APPROVED  
\_\_\_ PENDING, requires for more information  
\_\_\_ DENIED, indicate reason(s)  
\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Staff: \_\_\_\_\_  
Certificate or Reference #: \_\_\_\_\_  
Counsel for Discipline: \_\_\_\_\_  
Date: \_\_\_\_\_

**PART A : ATTORNEY CONTACT INFORMATION**  
The address provided here will be considered the current and preferred address for the attorney. Be sure to include a current & valid email address; questions and requests for supplemental information for your reinstatement application/request will be sent by email.

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

**Part B : RESIGNATION & REINSTATEMENT REQUIREMENTS**  
Indicate the type of reinstatement attorney wishes to obtain and include all required documents or forms as attachments to this form.

Information about attorney resignation:  
Indicate when attorney last paid a required license assessment (dues): \_\_\_\_\_  
Did the attorney resign their membership when not in compliance with a CLE requirement: Yes, for the year: No

Indicate the type of reinstatement attorney wishes to obtain:  
**Reinstatement to Inactive Status** - Items required for this type of reinstatement include:  
• Motion Application Fee in accordance with Neb. Ct. R. § 3-119, Appendix E: \$450, provide a cashier's check or money order for this fee  
• Character & Fitness Review: Form available at <https://supremecourt.nebraska.gov> or contact the ASD Help Desk  
• CLE Reporting: Use Part C of this form to report education if needed, a CLE late fee of \$75 may apply.  
• License Assessment: no payment required or applicable for the year of readmission; payment for the subsequent year(s) will be paid according to the Neb. Ct. R. § 3-803.

**Reinstatement to Active Status** - Items required for this type of reinstatement include:  
• Motion Application Fee in accordance with Neb. Ct. R. § 3-119, Appendix E: \$450, provide a cashier's check or money order for this fee  
• Character & Fitness Review: Form available at <https://supremecourt.nebraska.gov> or contact the ASD Help Desk  
• CLE Reporting: Use Part C of this form to report education if needed, a CLE late fee of \$75 may apply.  
• License Assessment: no payment required or applicable for the year of readmission; payment for the subsequent year(s) will be paid according to the Neb. Ct. R. § 3-803.  
• Trust Account Affidavit Form: required of attorneys with an office in Nebraska  
• Attorney's Mandatory Reporting of Insurance Form: required of all attorneys

**Part C : EDUCATION ACTIVITY INFORMATION - Continue to Page 2**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Digital signatures will not be accepted.

Submit this form to NSC Attorney Services Division (ASD), 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)

**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 – must be dated within 12 months of application date.

*NE Activity #	Sponsor	Title of Activity/Program	**Date of Activity & Format	Total CEUs Completed at Activity	Total Professional Responsibility CEUs at Activity
1					
2					
3					
4					
6					
7					
8					
9					
10					
11					
12					

*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 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 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 speakers and for the content to 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.