

TEMPORARY FORM: EMPLOYER'S CERTIFICATION FOR IN-HOUSE COUNSEL

This form must accompany the in house registration and/or renewal application.

Part A : Organization Information of Attorney Employer

Org. Name: _____ Email Address: _____
Representative: _____ Phone: _____
Address: _____
City State ZIP

Part B: Attorney Employee name

[Empty box for Attorney Employee name]

Part C: Attorney Employer Certification

The above referenced organization is not engaged in the practice of law or the rendering of legal services in violation of the rules against the Unauthorized Practice of Law as defined by Neb. Ct. R. §§ 3-1001 to 3-1021, whether for a fee or otherwise;

The organization is duly qualified to do business under the laws of its organization and the laws of the State of Nebraska;

The above referenced lawyer works exclusively as an employee of said employer as of the date of the application; and

The organization will promptly notify the Attorney Services Division in writing of the termination of the lawyer's employment.

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

Signature of Representative: _____
Digital signatures will not be accepted.

Date: _____

Submit this form to:
Nebraska Supreme Court
Attorney Services Division
2413 State Capitol
P.O. Box 98910
Lincoln, NE 68509
P: 402.471.2834; email: nsc.attrservices@nebraska.gov