

TEMPORARY FORM: EMPLOYER'S NOTIFICATION OF TERMINATION OF IN-HOUSE COUNSEL

Part A : Organization Information of Attorney Employer

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

Part B: Attorney Employee name

Part C: Employer Certification of Termination of Employment

On behalf of the above referenced organization the undersigned representative hereby states that the employment of the named employee ended on the _____ day of _____, 20__.

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