To be used with Question 7

FORM 9 / UNAUTHORIZED PRACTICE OF LAW

Holding oneself out to be an attorney or to represent in any manner that one is entitled to practice law without being licensed is prohibited under Neb. Ct. R. §3-1003. Please complete a FORM 9 for any employment where without being admitted to practice law in the jurisdiction, you currently hold or have held a position with a title containing any of the following words: associate, attorney, counsel or lawyer. (Complete a separate FORM 9 for each position.)

*(Applicant's name)*_____ *Title*_____

Place of Employment _____

*Address*_____

*City*_____ *State*_____ *Zip*_____

*Name of Supervisor*_____ *Title*_____

*Supervisor's Email*_____ *Telephone*_____

I am / was engaged in federal practice _____*Yes* _____*No*

Please provide a description of your responsibilities and the supervision you receive / received.

_____

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The information I have provided above is a thorough and accurate description of my responsibilities. I receive/ received supervision as required under the Rules of Professional Responsibility and have not engaged in unauthorized practice of law.

_____

Signature of Applicant *Date*