

NEBRASKA JUDICIAL BRANCH

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

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

- ASD/MCLE COMMISSION USE ONLY -
___ APPROVED
___ PENDING, requires for more information
___ DENIED, indicate reason(s)

Date: _____ Staff: _____
Certificate or Reference #: _____
CD OK: _____

PART A: ATTORNEY CONTACT INFORMATION

The address provided here will be considered the current and preferred address for the attorney. Attorneys are required to maintain Attorneys will miss important notices and updates if a current email address is not provided.

Name: _____ Bar #: _____
Firm/Org.: _____ Application Date: _____
Address: _____ Suspension Date: _____

City State ZIP
Email: _____ Phone: _____

Part B: SUSPENSION & REINSTATEMENT INFORMATION

Indicate the type of reinstatement attorney wishes to obtain and include all required documents or forms as attachments to this form.

INFORMATION ABOUT ATTORNEY SUSPENSION; REASON FOR SUSPENSION, CHECK ALL THAT APPLY:

- Suspension for Non-payment of Dues or Mandatory Assessment
Indicate when attorney last paid dues or mandatory assessment:
- Suspension for Noncompliance with Mandatory Continuing Legal Education (MCLE)
Indicate when attorney last made a CLE report to the Nebraska MCLE Commission through its website:
- Suspension for Discipline – you are not able to seek a reinstatement w/ this form; you must petition the Clerk of the Supreme Court

INFORMATION ABOUT THE TYPE OF REINSTATEMENT ATTORNEY WISHES TO OBTAIN AND INDIVIDUAL REQUIREMENTS:

- REINSTATEMENT TO INACTIVE STATUS** - Items required for this type of reinstatement include:
Cleared on the back-payment of dues and/or mandatory assessments plus \$49 for current year:
It may be that two payments are required for reinstatement consisting of a payment to the Nebraska Supreme Court Attorney Services Division (ASD) and the Nebraska State Bar Association (NSBA) separately. Contact the NSBA for instructions on how to make their payment and include a receipt for that payment with this form. ASD will contact applicant to arrange for remaining payment after the application is reviewed.
Amount to Supreme Court/ASD: _____ Amount to NSBA: _____
Cleared on the back-reporting of MCLE – Contact the Nebraska MCLE Commission for a determination of any CLE requirement. Use Part C of this form to report education if needed.
- REINSTATEMENT TO ACTIVE STATUS** - There are several items required before this type of reinstatement would be approved and in effect.
Cleared on the back-payment of dues and/or mandatory assessments plus \$98 for current year:
It may be that two payments are required for reinstatement consisting of a payment to the Nebraska Supreme Court Attorney Services Division (ASD) and the Nebraska State Bar Association (NSBA) separately. Contact the NSBA for instructions on how to make their payment and include a receipt for that payment with this form. ASD will contact applicant to arrange for remaining payment after the application is reviewed.
Amount to Supreme Court/ASD: _____ Amount to NSBA: _____
Cleared on the back-reporting of MCLE – Contact the Nebraska MCLE Commission for a determination of any CLE requirement. Use Part C of this form to report education if needed.
Trust Account Certification Form - required of attorneys with an office in Nebraska
Attorney's Mandatory Reporting of Insurance Form

Part C: EDUCATION ACTIVITY INFORMATION

Complete this section of the form if it was determined that the attorney has an outstanding CLE requirement to complete. 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					
5					
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 know or 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 one year 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.

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

Signature: _____

Date: _____

Digital signatures will not be accepted.

Submit this form to NSC Attorney Services Division, 3806 Normal Blvd., Lincoln, NE 68509-8910
HELP DESK: 402.471.3137; fax: 402.471.2512; email: nsc.attrservices@nebraska.gov

TRUST ACCOUNT CERTIFICATION

If your membership status is Regular Active, Junior Active, Senior Active, or Military Active, and you have an office in Nebraska, you must complete this form. Judicial Active members are not required to complete this form.

, STATES AS FOLLOWS:

(Print Name Here)

I am an attorney duly licensed to practice law in the State of Nebraska, and I am familiar with the provisions of the Nebraska Supreme Court Rules and Neb. Rev. Ct. R. § 3-501.15, requiring:

- 1) that all lawyers holding funds of clients or third persons must maintain a separate account for such funds (commonly known as a trust account)
- 2) that every lawyer maintaining a trust account containing client funds of a nominal amount or held for a short period of time must participate in the Interest On Lawyers Trust Account (IOLTA) Program unless a written Notice of Declination is submitted to the Chief Justice of the Supreme Court by February 15 of the year to which the Notice of Declination will apply**
- 3) certain reporting and production by approved financial institutions in regard to overdrafts of trust accounts

ATTORNEYS WHO DO NOT HANDLE CLIENT FUNDS:

I am **EXEMPT** from the provisions of these rules because: I do not have an office in Nebraska, I do not maintain a trust account and in Nebraska and I handle no funds of clients or third persons in Nebraska and do not expect to receive of clients or third persons within the next twelve (12) months. I understand that if this changes at any time I am required to use the website to notify the Court of any changes.

ATTORNEYS WHO HANDLE CLIENT FUNDS:

I, or my firm, maintain one or more trust accounts for the deposit of funds from clients or third persons. I will participate in the Interest On Lawyers Trust Accounts (IOLTA) Program for the accounts listed below that are specifically identified as IOLTA accounts. I certify that the following information pertaining to said accounts is true and accurate, and grant the following authorizations.

NAME OF FINANCIAL INSTITUTION & ADDRESS	NAME ON ACCOUNT	ACCOUNT NO.	IOLTA <small>(Please check)</small>
			Yes No*
			Yes No*
			Yes No*

* Circling "No" may require filing be made pursuant to Neb. Ct. R. § 3-903(C) to effect a declination.

Below: List names and addresses of all persons authorized to sign checks or make withdrawals on each account.

Authorization to Financial Institutions

IOLTA Participation: For all accounts listed above where I have indicated "Yes" under "IOLTA," I hereby authorize such financial institution in which I maintain a trust account for client funds or third persons to automatically, and without further documentation, convert my trust account described above to an interest-bearing IOLTA account subject to the provisions of the Nebraska Supreme Court Rules. In summary, the financial institution is specifically authorized and directed to remit the interest earned, less customary services or charges, to the Nebraska Lawyers Trust Account Foundation. The Taxpayer Identification Number certification (IRS Form W-9 and 1099 information returns), if required, will show the **Nebraska Lawyers Trust Account Foundation, PO Box 95103, Lincoln, NE 68509, Taxpayer I.D. No. 36-3357241**, as the recipient of interest.

Automatic Notice of Trust Account Overdrafts: I hereby consent to the release by the financial institution referenced above of information associated with the trust account(s) maintained at said financial institution for purposes of complying with the reporting and production requirements mandated by the Trust Account Overdraft Notification Rules as adopted by the Nebraska Supreme Court. All such notices must be sent to the Counsel for Discipline, 3808 Normal Blvd., Lincoln, NE 68506.

Attorney or Firm Name: _____

Bar Number: _____

Address: _____

Signature: _____

**MANDATORY REPORTING OF PROFESSIONAL
LIABILITY INSURANCE COVERAGE
REQUIRED FOR ALL ACTIVE ATTORNEYS**

I am engaged in the private practice of law involving representation of clients drawn from the public:

Yes____ No____

I am currently covered by a professional liability insurance policy other than an extended reporting endorsement:

Yes____ No____

I am currently a member of a professional corporation, limited liability company, or a limited liability partnership and maintain the insurance coverage required by the rule governing Limited Liability Professional Organizations:

Yes____ No____

I am engaged in the practice of law as a full-time government attorney or in-house counsel and do not represent clients outside that capacity, and therefore, I am exempt from the provisions of this rule.

Yes____ No____

I hereby certify the truth of the information provided above.

Signature of Attorney

Date

Printed Name of Attorney

Nebraska Bar Number

NEBRASKA SUPREME COURT
ATTORNEY SERVICES DIVISION
3806 Normal Blvd.
LINCOLN, NE 68506

PHONE: 402.471.3137 – FAX: 402.471.2512 – EMAIL: NSC.ATTRSERVICES@NEBRASKA.GOV