

APPLICATION TO THE BAR OF _____ NEBRASKA
(Jurisdiction)

Name _____
*First Middle Last Suffix Social Security Number**

NCBE Number _____ If you need to make any changes to your name, date of birth and/or Social Security Number you must do so by updating your [NCBE Number information](#).

APPLYING AS (choose one category):

- Motion/Reciprocity Applicant
- Bar Examination Applicant (exam date: _____ (Mo/Yr))
- Admission by Transferred UBE Score

List below all the other names or surnames you have used or been known by, and describe when, how, and why your name was changed (e.g., marriage or divorce).

■ First, Middle, Last Name, Suffix

_____ *From Mo/Yr* _____ *To Mo/Yr* _____

Reason for change _____

■ First, Middle, Last Name, Suffix

_____ *From Mo/Yr* _____ *To Mo/Yr* _____

Reason for change _____

Sex: Male Female Date of birth: Month _____ Day _____ Year _____

Place of birth: City _____ State _____

Country _____

Of what country are you a citizen? _____

If you are not a citizen of the United States, what is your immigration status?

Telephone numbers and an e-mail address at which you can be reached during the next six months:

(_____) _____ (_____) _____
Home Office E-mail

Mailing address at which you can be contacted about this application during the next six months:

Check if address is Residence or Business

If business, name of firm: _____

Address/P.O. Box: _____

City _____ State _____ Zip _____

Country _____ Province _____

*Furnishing your Social Security Number (SSN) is voluntary pursuant to the Federal Privacy Act of 1974. Your SSN will be used for purposes of investigation and verification and will help avoid errors of identity which might introduce problems and delays into the certification and licensure process. For example, many educational institutions and law enforcement agencies can only access your records if the SSN is provided.

RESIDENCE INFORMATION
Make additional copies of this page as necessary.

1. List every permanent or temporary physical address where you have resided for a period of one month or longer in reverse chronological order:
- If you have submitted an application for bar admission or to pre-register as a law student with a bar admitting authority, or have been admitted, licensed, or authorized to practice law, provide your residency information for the last ten years or since you were first admitted, licensed, or authorized to practice law, **whichever period of time is longer.**
 - If the previous category does not apply to you, provide your residency information for the last ten years or since age 18, **whichever period of time is longer.**

Current Address *From Mo/Yr* _____

Street Address _____

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

Country _____ *Province* _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Street Address _____

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

Country _____ *Province* _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Street Address _____

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

Country _____ *Province* _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Street Address _____

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

Country _____ *Province* _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Street Address _____

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

Country _____ *Province* _____

■

From Mo/Yr _____ *To Mo/Yr* _____

Street Address _____

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

Country _____ *Province* _____

EDUCATION INFORMATION
Make additional copies of this page as necessary.

2. List complete information regarding your college/university attendance, including institutions at which you studied abroad, in reverse chronological order. **Report all law-related education and law schools in Question 3.** If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■
College _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____
Degree received (No Degree, B.A., M.S., etc.) _____
Field(s) of Study _____

■
College _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____
Degree received (No Degree, B.A., M.S., etc.) _____
Field(s) of Study _____

3. List complete information regarding your attendance at law schools/colleges/universities where you have studied or are currently studying law, including institutions at which you studied abroad, in reverse chronological order. If the school's name has changed since your attendance, provide the current and former names. Please indicate the degree received or expected to be received or enter "No Degree" if you did not receive a degree. Multiple degrees received from the same school require separate entries, as do multiple periods of attendance (other than those interrupted only by school vacations).

■
Law School _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____
Degree received or expected to be received (No Degree, J.D., LL.B., LL.M., etc.) _____

■
Law School _____
Mailing Address _____
City _____ State _____ Zip _____
Country _____ Province _____
From Mo/Yr _____ To Mo/Yr _____ Date degree received or expected (Mo/Yr) _____
Degree received or expected to be received (No Degree, J.D., LL.B., LL.M., etc.) _____

EDUCATION INFORMATION

4. Did you engage in law office study in lieu of receiving a J.D.? (This is permitted only in certain jurisdictions.)

Yes No

If yes, under the approval of what jurisdiction? _____

Indicate when and where: *From Mo/Yr* _____ *To Mo/Yr* _____

Name of Firm _____

Proctor _____

Firm Address _____

City _____ *State* _____ *Zip* _____

5. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled, requested to resign, or allowed to resign in lieu of discipline from any college or university (including law school), or otherwise subjected to discipline by any such institution or requested or advised by any such institution to discontinue your studies there? Yes No

If you answered yes, provide the following information:

Name of Institution _____

Type of Action _____ *Date Action Taken* _____

Explanation of Institution Action _____

ADMISSION INFORMATION

6. PRIOR APPLICATIONS FOR ADMISSION AND AUTHORIZATION TO PRACTICE

Have you ever submitted an application to pre-register as a law student, applied for bar admission, applied as a foreign legal consultant or in-house counsel, or been admitted, licensed, or authorized to practice law in any U.S. jurisdiction (state, territory, or the District of Columbia), tribal court, or foreign jurisdiction, including admission to the bar by examination, motion, or diploma privilege? (DO NOT include information regarding admission to the U.S. federal courts or authorizations to appear pro hac vice.)

Yes No

If yes, list every U.S. or foreign jurisdiction, including tribal court, to which you have:

- submitted an application to pre-register as a law student, take a bar examination, register as a foreign legal consultant or in-house counsel, or be admitted to a bar or tribal court on motion.
• been admitted, registered, licensed, or authorized to practice law.
• submitted an application to be reinstated to a bar or tribal court.

Multiple applications and examinations in a U.S. jurisdiction, tribal court, or foreign jurisdiction require separate entries. Provide a brief narrative explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be admitted (other than those due to failing the examination).

If admitted to the bar of New York, indicate the judicial department to which admitted, and complete FORM 10.

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction

Name and address of foreign bar authority

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant Foreign Legal Consultant Transferred UBE Score Other

Date application made (Mo/Yr)

Date examination taken (Mo/Yr)

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason

Explanation

Admission or Readmission date (Mo/Day/Yr) Bar Number*

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction

Name and address of foreign bar authority

Application Type: Bar Exam Motion/Reciprocity Diploma Law Student Registrant Foreign Legal Consultant Transferred UBE Score Other

Date application made (Mo/Yr)

Date examination taken (Mo/Yr)

Reason not admitted: Failed exam Withdrew application Pending Denied Other reason

Explanation

Admission or Readmission date (Mo/Day/Yr) Bar Number*

Admitted/Registered as: Attorney In-House Counsel Foreign Legal Consultant Other

*If the jurisdiction does not issue a Bar Number leave this space blank.

LEGAL AND OTHER EMPLOYMENT INFORMATION

7. List your employment and unemployment information, beginning with the most recent:
- If you have submitted an application for bar admission or to pre-register as a law student with a bar admitting authority, or have been admitted, licensed, or authorized to practice law, provide your employment information for the last ten years or since you were first admitted, licensed, or authorized to practice law, **whichever period of time is longer.***
 - If the previous category does not apply to you, provide your employment information for the last ten years or since age 18, **whichever period of time is shorter.***

***Include any law-related employment that occurred prior to the time period for which you are reporting.**

Follow these instructions:

- Employment encompasses all part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (i.e., attending law school, studying for the bar examination, seeking employment, etc.). For these periods of time, **check the box for Unemployment Period and describe your activities while you were unemployed in the field labeled Employment Position/Description of Unemployment.**
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.



CURRENT EMPLOYMENT Currently Unemployed Since Mo/Yr_____

From Mo/Yr_____ To PRESENT

Employment Position/Description of Unemployment _____

Employer or Firm _____

Supervisor/Associate Name _____

Employer or Firm Mailing Address _____

City_____ State_____ Zip_____

Country_____ Province_____

Employer Telephone (____) _____ Supervisor/Associate E-mail _____

*If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself or a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.*

Name(s) _____

Address _____

City_____ State_____ Zip_____

Country_____ Province_____

Telephone (____) _____ E-mail _____

LEGAL AND OTHER EMPLOYMENT INFORMATION

Make additional copies of this page as necessary.

DO NOT furnish your own name or your own contact information for verifying employment.



From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Employment Position/Description of Unemployment _____

Employer or Firm _____
(At time of employment)

Reason for leaving _____

Supervisor/ Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Supervisor/ Associate E-mail _____

- If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's information below.
- If you were self-employed, or employed by a relative, or if the firm is out of business, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself or a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____



From Mo/Yr _____ To Mo/Yr _____ Unemployment Period

Employment Position/Description of Unemployment _____

Employer or Firm _____
(At time of employment)

Reason for leaving _____

Supervisor/ Associate Name _____

Employer or Firm Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone (____) _____ Supervisor/ Associate E-mail _____

- If the employer's/firm's name or address has changed, check this box and provide the current employer's/firm's information below.
- If you were self-employed, or employed by a relative, or if the firm is out of business, check this box and provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. **Do not list yourself or a relative as a confirming reference.** If you provide a business address, please include the names of both the reference and the business.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Telephone (____) _____ E-mail _____

EMPLOYMENT AND PROFESSIONAL INFORMATION

8. Have you ever been terminated, suspended, disciplined, laid-off, or permitted to resign in lieu of termination from any job? (If the employment was not previously listed, please go back and add it to Question 7.)
 Yes No

If yes, provide the following information about *each* occurrence:

■
Employer or Firm _____
Dates of Employment: From Mo/Yr _____ To Mo/Yr _____
Disposition: Terminated Suspended Disciplined Laid-Off Permitted to resign
Date of disposition (Mo/Yr) _____
Explanation of circumstances _____

■
Employer or Firm _____
Dates of Employment: From Mo/Yr _____ To Mo/Yr _____
Disposition: Terminated Suspended Disciplined Laid-Off Permitted to resign
Date of disposition (Mo/Yr) _____
Explanation of circumstances _____

9. List the full name and address of each mandatory or voluntary bar association of which you have been or are currently a member. If you have been or are currently a member, review question 6 and report all applicable entries.
 Check here if you have never been a member.

■
Name of Bar Association _____
Dates of Membership: From Mo/Yr _____ To Mo/Yr _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____

■
Name of Bar Association _____
Dates of Membership: From Mo/Yr _____ To Mo/Yr _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____

CHARACTER AND FITNESS INFORMATION

10. A. Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney? Yes No

B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as an attorney, including any now pending? Yes No

Check here if you have never been admitted to practice law.

If you answered yes to 10A and/or 10B, please provide the following information for *each* matter:

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

11. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending? Yes No

If the answer is yes, please provide the following information for *each* matter:

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

12. Have sanctions ever been entered against you, or have you ever been disqualified from participating in any case? Yes No

Check here if you have never been admitted to practice law.

If the answer is yes, please provide the following for *each* sanction or disqualification:

Name of Court _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number _____

Action Taken _____

From Mo/Yr _____ To Mo/Yr _____

Reason for the sanction or disqualification _____

Attach a copy of the order of sanction or disqualification.

CHARACTER AND FITNESS INFORMATION

13. Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard? Yes No

If yes, complete a separate **FORM 1** for *each* period of service.

14. Have you ever held judicial office? Yes No

If yes, provide the following information about *each* office:

■
Office Held _____ From Mo/Yr _____ To Mo/Yr _____
Name of Court _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____
Reason for termination (if applicable) _____

15. Have you ever applied for a license (even if the application was subsequently withdrawn) or held a license for a business, trade, or profession, other than as an attorney-at-law? Yes No

If yes, provide the following information about *each* license:

■
Type of License _____
Current Status of License _____ Application Date (Mo/Yr) _____
License Number (if applicable) _____ Expiration/Inactive Date (Mo/Yr) _____
Issuing Authority _____
Address _____
City _____ State _____ Zip _____ Telephone () _____
Country _____ Province _____

■
Type of License _____
Current Status of License _____ Application Date (Mo/Yr) _____
License Number (if applicable) _____ Expiration/Inactive Date (Mo/Yr) _____
Issuing Authority _____
Address _____
City _____ State _____ Zip _____ Telephone () _____
Country _____ Province _____

CHARACTER AND FITNESS INFORMATION

16. Have you ever been denied a license or had a license revoked for business, trade, or profession (e.g., CPA, real estate broker, physician, patent practitioner)? (If the license was not previously listed, please go back and add it to Question 15.)

Yes No

If yes, please provide the following information for *each* denial or revocation:

Action Type: Denial Revocation

License (Type, Application Date, License Number) _____

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Action Taken _____ Date _____

Explanation _____

17. A. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office?

Yes No

B. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending?

Yes No

If you answered yes to 17A and/or 17B, please provide the following information for *each* matter:

Name of Regulatory Agency _____

Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Case Number (if applicable) _____

Action Taken _____ Date _____

Explanation _____

18. Has any surety on any bond on which you were the principal been required to pay any money on your behalf?

Yes No

If yes, complete **FORM 2**.

19. Have you ever been a named party to any civil action?

Yes No

NOTE: Family law matters (including continuing orders for child support) should be included here.

If yes, complete a separate **FORM 3** for *each* action.

CHARACTER AND FITNESS INFORMATION

20. Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum? Yes No

If yes, complete a separate **FORM 3A** for *each* complaint or action.

21. A. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation other than a violation that was resolved in juvenile court? Yes No

If yes, complete a separate **FORM 5** for *each* incident.

- B. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? (Omit parking violations.) Yes No

If yes, report *each* incident on **FORM 5T**.

NOTE: Your responses to Questions 21A and 21B must include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

22. Have you ever been cited for, arrested for, charged with, or convicted of any violation of any law other than a case that was resolved in juvenile court? (Report traffic violations at Questions 21.) Yes No

If yes, complete a separate **FORM 5** for *each* incident.

NOTE: Include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

23. Have you ever filed a petition for bankruptcy? Yes No

If yes, complete a separate **FORM 4** for *each* bankruptcy petition filed.

24. A. Have you ever had a credit card or charge account revoked? Yes No

- B. Have you ever defaulted on any student loans? Yes No

- C. Have you ever defaulted on any other debt? Yes No

- D. Have you had any debts of \$500 or more (including credit cards, charge accounts, and student loans) that have been more than 90 days past due within the past three years? Yes No

- E. If your answer to Question 23 is yes, are there any additional debts not reported in Questions 24(A-D) that were not discharged in bankruptcy? Yes No

If you answered yes to 24A, 24B, 24C, 24D, and/or 24E, complete a separate **FORM 6** for *each* debt.

PREAMBLE TO QUESTIONS 25, 26, and 27

Through this application, the Nebraska State Bar Commission makes inquiry about circumstances that may affect an applicant's ability to meet the professional responsibilities of a lawyer. This information is treated confidentially by the Nebraska State Bar Commission and will be disclosed only to the Nebraska State Bar Commission. The purpose of such inquiries is to allow jurisdictions to determine the current fitness of an applicant to practice law. The mere fact of treatment, monitoring, or participation in a support group is not, in itself, a basis on which admission is denied; boards of bar examiners routinely certify for admission individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The Nebraska State Bar Commission encourages applicants who may benefit from assistance to seek it.

State bar admission agencies do, on occasion, deny certification to applicants whose ability to function is impaired in a manner relevant to the practice of law at the time that the licensing decision is made, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to bar admission agencies; further, the responsibility for demonstrating qualification to practice law is ordinarily assigned to the applicant in most jurisdictions.

The Nebraska State Bar Commission does not seek information that is fairly characterized as situational counseling. Examples of situational counseling include stress counseling, domestic counseling, grief counseling, and counseling for eating or sleeping disorders.

- 25.** Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent, ethical, and professional manner? Yes No

If you answered yes, furnish a thorough explanation below:

Explanation _____

Relevant date(s) _____

CHARACTER AND FITNESS INFORMATION

26. A. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner? Yes No
- B. If your answer to Question 26(A) is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program? Yes No

If your answer to Question 26(A) or (B) is yes, complete a separate **FORM 7 & 8** for each service provider. Duplicate **FORMS 7 & 8** as needed. As used in Question 26, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a lawyer.

27. Within the past five years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment disciplinary or termination procedure? Yes No

If you answered yes, furnish a thorough explanation below:

Name of entity before which the issue was raised (i.e., court, agency, etc.) _____

Address _____

City _____ State _____ Zip _____ Telephone (____) _____

Country _____ Province _____

Nature of the proceeding _____

Relevant date(s) _____

Disposition, if any _____

Explanation _____

PERSONAL AND PROFESSIONAL REFERENCES

28. Provide complete information for at least six references, preferably persons who have known you for a minimum of five years. You are encouraged to include one reference from every locality where you have lived during the last ten years. Do not list yourself, anyone who is related to you by blood or marriage, or anyone who resides at your current residential address. Do not use names listed in response to Question 7 (employment). If you provide a business address, please include the names of both the reference and the business.

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

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Name _____
Business Name _____
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City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

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Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

■
Name _____
Business Name _____
Address _____
City _____ State _____ Zip _____ Telephone (_____) _____
Country _____ Province _____
E-mail _____ Occupation _____ Years Known _____

FORM 1 / MILITARY SERVICE

Name _____
First Middle Last Suffix

- I am presently a member of the armed forces.
I was a member of the armed forces.

- A. Regular armed forces: Air Force, Army, Coast Guard, Marine Corps, Navy
Reserve components: Air Force, Army, Coast Guard, Marine Corps, Navy
National Guard: Air Force, Army, State

My serial number was/is _____ My rank was/is _____
Dates of service: Active Duty - From Mo/Yr To Mo/Yr
Reserve Duty - From Mo/Yr To Mo/Yr
National Guard - From Mo/Yr To Mo/Yr

ATTACH COPIES OF ALL OF YOUR REPORTS OF SEPARATION (e.g., DD FORM 214-MEMBER COPY #4, NGB FORM 22, etc.). THE DD FORM 214 THAT YOU PROVIDE MUST INDICATE YOUR CHARACTER OF SERVICE.

- B. For PRESENTLY SERVING PERSONNEL ONLY: Check: Active, Reserve, National Guard

Present duty station _____
Address _____
City _____ State _____ Zip _____
Country _____ Province _____
Telephone number (____) _____
Name of commanding officer _____

- C. As a member of the armed forces of the United States:
1. Were you ever court-martialed? *Yes, No
2. Were you ever awarded non-judicial punishment? (Art.15 UCMJ) *Yes, No

If you are presently a member of the armed forces, do not answer Questions 3, 4, and 5.

- 3. Did you receive an honorable discharge? Yes, *No
4. Were you allowed to resign in lieu of court-martial? *Yes, No
5. Were you administratively discharged? *Yes, No

*If you checked a box followed by an asterisk, provide an explanation for each answer:

Refers to Item C (1, 2, 3, 4, or 5) _____ Date of action _____
Explanation of circumstances _____

Result, including any punishment _____

Refers to Item C (1, 2, 3, 4, or 5) _____ Date of action _____
Explanation of circumstances _____

Result, including any punishment _____

To be used with Question 18
FORM 2 / BONDING COMPANIES

Name _____
First Middle Last Suffix

Name and complete address of surety (bonding company):

Name of surety _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Amount of money paid by surety _____

Date money paid _____

Reason for bond _____

Detailed explanation _____

FORM 3 / RECORD OF CIVIL ACTIONS

Name _____
First Middle Last Suffix

Complete title of action _____

Court file number _____

Date filed _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Plaintiff's name _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Plaintiff's attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Defendant's name _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Defendant's attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Trial date _____

Date of final disposition _____

Disposition _____

Are you the subject of any continuing court order (e.g., for child support or payment of a money judgment)?

Yes No

If the disposition resulted in a judgment, has the judgment been satisfied?

Yes No Not Applicable (Disposition did not result in a judgment.)

If yes, give the date the judgment was satisfied _____

If no, what amount is still owing? _____

Detailed explanation of suit _____

Attach a copy of the pleadings, judgments, and/or final orders.

Form 3

FORM 3A / RECORD OF ADMINISTRATIVE ACTIONS

Name _____
First Middle Last Suffix

Date action/complaint initiated _____

Name and complete address of administrative forum or body:

Name of administrative forum or body _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Name and complete address of investigative agency (body, board, commission, committee, etc.):

Name of agency _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Date of final disposition _____

Disposition _____

Detailed explanation _____

Attach a copy of the administrative record.

FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
First Middle Last Suffix Social Security Number

Date bankruptcy filed _____

Complete title of action _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City State Zip _____

Country Province _____

Debts discharged:

Credit Grantor	Account Number	Amount Discharged
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of final disposition _____

Disposition _____

- Were any adversary proceedings instituted? Yes No
- Were there any allegations of fraud? Yes No
- Were any debts not discharged? Yes No

Detailed description of circumstances surrounding filing petition for bankruptcy:

Attach schedule of indebtedness, petition for bankruptcy, and discharge from bankruptcy order.

To be used with Questions 21A and 22
FORM 5 / RECORD OF CRIMINAL CASES

Name _____
First Middle Last Suffix

Date (or time period) of incident _____

Charge(s) on date of arrest or citation _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Name and address of defendant's attorney:

Name of attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Detailed description of incident _____

Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.

FORM 5T / RECORD OF MOVING TRAFFIC VIOLATIONS

Name _____
First Middle Last Suffix Social Security Number

Current driver's license issued by _____
State, Province or Country

Current driver's license number _____

Previous driver's licenses (during the past ten years):

State, Province or Country	Previous driver's license number (if unavailable, enter "Unknown")
_____	_____
_____	_____
_____	_____

Traffic violations involving alcohol or drugs should be reported in response to Question 21A and on FORM 5.

Please complete the following information for each incident:

■ *Name of law enforcement agency* _____
Incident location (city, county, state) _____
Country _____ *Province* _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Description of incident _____

■ *Name of law enforcement agency* _____
Incident location (city, county, state) _____
Country _____ *Province* _____
Date of incident (Mo/Yr) _____
Charge(s) on date of incident _____
Date of final disposition (Mo/Yr) _____
Charge(s) at time of final disposition _____
Final disposition _____
Description of incident _____

FORM 6 / DEBTS: Defaults; Past Due; Revocations

Name _____
First Middle Last Suffix Social Security Number

This copy of FORM 6 refers to Question 24 **A Revocation** **B Defaulted student loan**
 C Defaulted other debt **D Past due debt**
 E Debt not discharged

Type of debt: Charge Account Credit Card Real Estate* (e.g., mortgage, tax lien, etc.)
 Student Loan Utility/Telephone* Other _____

If this debt was discharged in bankruptcy, check here and do not complete the rest of the form

Full account number _____

Original amount of debt _____

Current balance _____

Date of last payment _____

Name and complete address of entity extending credit:

Name of entity _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number () _____

Name of retailer if different from above _____

Name and address of current creditor or collection agency if different from above:

Name _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number () _____

Full account number _____

Current status of this debt _____

Describe the history of this debt, including any actions taken to collect and any defenses:

* For real estate and utility/telephone debt, provide address of property/telephone number associated with debt:

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Telephone number () _____

DO NOT ALTER THIS FORM
Corrections/erasures VOID this form
Please use black or blue ink

To be used with Questions 26

FORM 7 / AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Applicant's name _____

Name of institution, doctor, or counselor _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

By signing below, I authorize the above provider to provide information, without limitation, relating to mental illness or the use of drugs and alcohol concerning advice, care, or treatment provided to me, to representatives of the Nebraska State Bar Commission who are involved in conducting an investigation into my moral character, professional reputation, and fitness for the practice of law. I understand that any such information as may be received will be reported only to the Nebraska State Bar Commission. The information will be used or disclosed at my request. This authorization will expire one year from the date of my notarized signature below. A photocopy of this form is acceptable for purposes of obtaining this information.

I hereby release, discharge, and exonerate the Nebraska State Bar Commission, its agents and representatives, and the above named provider, its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of any documents, records, and other information, or out of the investigation made by the Nebraska State Bar Commission.

I am not required to sign this authorization in order to receive treatment from the above provider. I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the provider has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the provider above.

Signature of Applicant *Date*

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month *Year*

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.

The Nebraska State Bar Commission is aware of HIPAA requirements.

FORM 8 / DESCRIPTION OF CONDITION OR IMPAIRMENT

Name _____
First Middle Last Suffix

Relevant dates: From Mo/Yr _____ To Mo/Yr _____

Describe the condition or impairment _____

Describe any treatment, or any program that includes monitoring or support _____

Name and complete address of attending physician or counselor (if applicable):

Name of physician or counselor _____
Physician's or counselor's current address _____

City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone () _____

Name and complete address of hospital or institution (if applicable):

Name of hospital or institution _____
Hospital's or institution's current address _____

City _____ *State* _____ *Zip* _____
Country _____ *Province* _____
Telephone () _____

The Nebraska State Bar Commission is aware of HIPAA requirements.

FORM 10 / FOR APPLICANTS PREVIOUSLY ADMITTED IN NEW YORK

Name _____
First Middle Last Suffix

Date of admission _____

Department in which you were admitted (check one):

- First Department Second Department
 Third Department Fourth Department

Department(s) in which you have practiced law or been employed as an attorney (check **ALL** that apply and include county):

- I have not practiced law in any department in New York.
- First Department; County(ies) _____
- Second Department; County(ies) _____
- Third Department; County(ies) _____
- Fourth Department; County(ies) _____

Form 10

OATH OF APPLICANT

STATE OF _____)
)ss.
COUNTY OF _____)

I have read the foregoing questions and have answered the same fully and frankly. The answers are complete and are true of my own knowledge. I understand that false information may be grounds for disbarment. The undersigned further declares and represents that any occurrence or event taking place prior to admission to the bar, which may render inaccurate, untrue, or incomplete any statement made herein, will immediately be reported in writing to the Nebraska State Bar Commission.

I further depose that, having submitted the foregoing application using the Commission’s web version, no revisions or alterations have been made to the text or questions contained therein; that if revisions or alterations are made, it is understood by me that the application may be denied or, if granted, may be revoked, and all fees forfeited.

(Signature of Applicant)

(Date)

SUBSCRIBED and sworn to before me this
_____ day of _____

Notary Public _____

My Commission expires: _____

(S E A L)

LAW SCHOOL EDUCATION
REQUEST FOR CERTIFICATION
NEBRASKA STATE BAR COMMISSION

TO: _____
Name of Law School

Street Address

City, State and Zip Code

RE: _____
Name of Applicant

Applicant's Social Security Number

Dates of attendance

Instructions: Applicants must complete top portion only of form and file with the application. The Bar Commission will mail the form to the school for certification. Applicants must sign and date the release to authorize disclosure of pertinent information. Prepare one form for each law school you attended.

RELEASE: I hereby authorize the law school to release information regarding my law school education, disciplinary record, and character and fitness for the practice of law to the members of the Nebraska State Bar Commission, its agents and representatives.

Signature of Applicant

Date

INSTRUCTIONS FOR LAW SCHOOL OFFICIAL

The applicant identified above is applying for admission to the Bar of the State of Nebraska. Your certification of the matters described on the reverse side of this form is a necessary part of the application. Please return the completed certification directly to the address indicated below.

Director of Admissions
Nebraska State Bar Commission
635 South 14th Street
Post Office Box 81809
Lincoln, Nebraska 68501-1809

The certification must be received by this office no later than: _____

Date of this Request

NEBRASKA STATE BAR COMMISSION

635 South 14th Street
Post Office Box 81809
Lincoln, Nebraska 68501-1809

**DEAN'S CERTIFICATION OF COMPLETION
OF LAW SCHOOL**

Application for Examination for : _____
print applicant's full name

I hereby certify that:

A. The applicant studied law at _____
school name

B. Applicant has completed all requirements for _____
name of degree
on _____
date completed

C. Applicant received the degree on _____
date conferred

D. Based on the records of the law school or your own personal knowledge:

a. Has the applicant ever been charged with or arrested for a crime other than a minor traffic violation? Yes No
If yes, please explain on a separate piece of paper.

b. Has the applicant been suspended, expelled, or disciplined — whether for academic or nonacademic reasons — during the period (s)he was in law school? Yes No
If yes, please explain on a separate piece of paper.

c. Is there anything concerning this applicant about which the bar examiners should further inquire regarding the applicant's moral character or fitness to practice law? Yes No
If yes, please explain on a separate piece of paper.

E. The law school was accredited by the AMERICAN BAR ASSOCIATION as of the date on which applicant received his/her degree.

F. Certified by: _____
print name

Signature: _____
dean

Date of Certification: _____

(SCHOOL OR NOTARY EXECUTION and SEAL)

DO NOT EXECUTE THIS CERTIFICATION UNTIL AFTER the student's degree has been conferred. If school has no official seal, some imprint and notary execution must reflect the official and verified status of this certification.

Revised 3-28-95