

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

For attorneys seeking to reinstate their membership status from resigned to inactive or from resigned to active status. Complete this form to indicate the type of reinstatement attorney wishes to make. Include

- ASD/MCLE COMMISSION USE ONLY APPROVED PENDING, requires for more information DENIED, indicate reason(s)
Date: Staff:  Certificate or Reference #:
Counsel for Discipline:

	•		•	atement from disbarment or suspension.					
The address provided h	nere will be consider	CT INFORMATION red the current and prefer on for your reinstatement	red address for the at	torney. Be sure to include a current & valid email addre vill be sent by email.	ss; questions				
Name:				Bar #:					
Firm/Org.:									
Address:				Designation Date					
	City	State	ZIP						
Email:				Phone:					
Part B : RESIGN	ATION & REIN	ISTATEMENT REC	UIREMENTS						
Indicate the type of	reinstatement att	orney wishes to obtain	and include all requ	uired documents or forms as attachments to this	form.				
Information about	attorney resign	ation:							
		aid a required license							
Did the atto	rney resign their r	nembership when not	in compliance with	a CLE requirement: Yes, for the year:	No				
Indicate the type o	f reinstatement	attorney wishes to d	obtain:						
Reinstaten	nent to Inactive	Status - Items required f	or this type of reinstate	ment include:					
Motion A	pplication Fee in a	ccordance with Neb. Ct	. R. § 3-119, Append	ix E: \$450, provide a cashier's check or money orde	r for this fee				
<ul> <li>Characte</li> </ul>	r & Fitness Review	: Form available at http	s://supremecourt.ne	ebraska.gov or contact the ASD Help Desk					
<ul> <li>CLE Reporting: Use Part C of this form to report education if needed, a CLE late fee of \$75 may apply.</li> </ul>									
	Assessment: no pa g to the Neb. Ct. R.		cable for the year of	readmission; payment for the subsequent year(s) w	ill be paid				
Reinstatem	ent to Active St	atus - Items required for t	this type of reinstateme	nt include:					
<ul><li>Character</li><li>CLE Repo</li><li>License A</li></ul>	r & Fitness Review orting: Use Part C o	: Form available at http f this form to report edu yment required or appli	s://supremecourt.ne ucation if needed, a (	ix E: \$450, provide a cashier's check or money orderbraska.gov or contact the ASD Help Desk CLE late fee of \$75 may apply. readmission; payment for the subsequent year(s) w					
Trust Acc	ount Affidavit Forn	n: required of attorneys	with an office in Nebr	raska					
Attorney's	s Mandatory Repo	ting of Insurance Form:	required of all attorn	neys					
Part C : EDUCA	ATION ACTIVIT	Y INFORMATION	- Continue to P	Page 2					

Date:

Signature:

Digital signatures will not be accepted.

## Part C: EDUCATION ACTIVITY INFORMATION

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
NE Activity	<del>и</del> оронзон	Title of Activity/i Togram	Tomat	Activity	CEUs at Activity
1					
2					
3					
4					
7					
6					
7					
0					
8					
9					
10					
11					
40					
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: <a href="https://mcle.wcc.ne.gov/ext/">https://mcle.wcc.ne.gov/ext/</a>. If you do not 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.

<sup>\*\*</sup> 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 two years 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.