

Exam Applicant's Questionnaire

Please familiarize yourself with the directions
before you begin answering the questions



Nebraska State Bar Commission
635 South 14th Street
P.O. Box 81809
Lincoln, NE 68501-1809
www.nebar.com

Instructions to Applicants

TO AVOID ERROR AND DELAY . . .

Read entire application carefully before making any entries.

Have answers typewritten, if you are unable to complete the application by typewriter, please print in a legible handwriting using a black ink pen.

Give specific answers to each part of all questions. Do not leave any space blank. If the question is not applicable, so indicate in the space provided for the answer. If the application is not complete it will be returned not filed.

Give complete dates, i.e., month, day and year, whenever possible.

Complete all addresses, giving the street name and number, city and state. Include postal zip code.

Avoid the use of abbreviations, particularly those that are not self explanatory, or explain abbreviations if they are used.

When using additional paper to supplement answers, refer to the questions called for in the application.

Two Character Affidavits must be completed by at least two citizens of good standing in the community where you reside, or formerly resided.

Please sign the attached Authorization & Release and have it properly notarized.

Application Fees: \$515 payable by cash, cashier check or money order, payable to Secretary, Nebraska State Bar Commission. Typing fee of \$150 for the MEE portion of the exam must be paid by the filing deadline. No typing fees will be accepted after the filing deadline. Re-application examination fee is \$250. Personal checks **will not** be accepted.

MPRE Examination: The Nebraska State Bar Commission requires all applicants to receive a passing grade (currently scaled 85) on the Multistate Professional Responsibility Examination (MPRE). If the scaled score of 85 is not on file by the application deadline of November 1 for the following February examination and April 1 for the following July examination, a \$100 late fee will be added to the application fee.

Refund Policy:

- 1) If an applicant has registered for the Bar Examination and cancels at least 30 days prior to the examination, that portion of the fee charged for the M.B.E. and M.E.E. will be refunded (\$65).
- 2) If an applicant has registered for the Bar Examination and fails to appear there will be no refund.
- 3) If 30 days notice has been given prior to the date set for the examination, registration fees which have been paid for a particular Bar Examination can be held over and applied toward the next available Bar Examination only.

Deadlines for applications: February examination applications are due the preceding November 1, and the July applications are due the preceding April 1. Late applications **will not** be accepted.

Filing instructions: All applications must be delivered either by mail or in person to Nebraska State Bar Commission, 635 South 14th Street, Post Office Box 81809, Lincoln, Nebraska 68501. Contact Jane Schoenike jschoenike@nebar.com or (402) 475-7091.

Absolutely no alterations may be made to the text or wording of this application form. Should such alterations be noted, your application will be denied and your fees forfeited. If you are using an electronic version of this form, it is your responsibility to be certain that it is printed with same pagination as the Commission's official version of the form

Fingerprinting: Effective April 24, 2002, all bar applicants (either by examination or by motion) must submit two complete sets of their fingerprints with their bar applications on a form designated by the Bar Commission as provided under Neb. Rev. Stat § 7-102(2). The fingerprints must be contained on a Federal Form FD-258 (REV. 12-29-82) which is also known as the "APPLICANT " fingerprint card. You must have your fingerprints rolled at an authorized agency (i.e. police or sheriff's department or highway patrol office). You must complete all applicable identifying information on two (2) fingerprint cards. You must sign the cards and have the official rolling your fingerprints also sign and date the cards with that official printing their ON number on the back of the card. Some agencies have set hours for fingerprinting. There also may be a fee involved. Failure to complete all the personal information requested on the top portion of the fingerprint card will cause your application to be delayed and/or rejected.

PERSONAL INFORMATION

This section contains questions 1 through 5.

IN THE SUPREME COURT OF THE STATE OF NEBRASKA

Instructions to the Applicant

All answers are to be based on your own knowledge, unless the statement is expressly qualified to show the source of your information. Answer all questions and make your answers as specific as possible. If the space for any answer is insufficient, you may complete your answer on a separate attached sheet. Please type answers.

APPLICANT’S QUESTIONNAIRE AND AFFIDAVIT FOR ADMISSION ON EXAMINATION

I hereby apply for admission to the bar of Nebraska.

Name _____
First Middle Last Social Security Number

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

Place of birth (City, State, Country) _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

List 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). If a change was made in a judicial or naturalization proceeding, enclose an exact and complete copy of the order or other evidence of change with the application.

First, Middle, Last Name	Used from	Used to	Description of change
_____	Year _____	Year _____	_____
_____	Year _____	Year _____	_____
_____	Year _____	Year _____	_____

Area codes and telephone numbers where you can be reached during the next six months:

(____) _____ (____) _____ (____) _____
Home Office Other

Email: _____

Your current mailing address:

Address _____ P. O. Box _____ Apartment _____
City _____ State _____ Zip Code _____

Your permanent address:

Address _____ P. O. Box _____ Apartment _____
City _____ State _____ Zip Code _____

1. Circle only the name(s) of the jurisdiction(s) to which you are now applying for admission.

AL	Alabama	ID	Idaho	NE	Nebraska	PR	Puerto Rico
AK	Alaska	IL	Illinois	NV	Nevada	RI	Rhode Island
AZ	Arizona	IN	Indiana	NH	New Hampshire	SC	South Carolina
AR	Arkansas	IA	Iowa	NJ	New Jersey	SD	South Dakota
CA	California	KS	Kansas	NM	New Mexico	TN	Tennessee
CO	Colorado	KY	Kentucky	NY	New York-I	TX	Texas
CT	Connecticut	LA	Louisiana	NY	New York-II	UT	Utah
Country _____		ME	Maine	NY	New York-III	VT	Vermont
DE	Delaware	MD	Maryland	NY	New York-IV	VA	Virginia
DC	District of Columbia	MA	Massachusetts	NC	North Carolina	VI	Virgin Islands
FL	Florida	MI	Michigan	ND	North Dakota	WA	Washington
GA	Georgia	MN	Minnesota	OH	Ohio	WV	West Virginia
GU	Guam	MS	Mississippi	OK	Oklahoma	WI	Wisconsin
HI	Hawaii	MO	Missouri	OR	Oregon	WY	Wyoming
		MT	Montana	PA	Pennsylvania	Other _____	

2. Circle the name(s) of every jurisdiction(s) to which you have previously applied for or have been admitted. Make certain you complete question 12 for each jurisdiction indicated. If you were admitted in New York, indicate to which Judicial Department.

AL	Alabama	ID	Idaho	NE	Nebraska	PR	Puerto Rico
AK	Alaska	IL	Illinois	NV	Nevada	RI	Rhode Island
AZ	Arizona	IN	Indiana	NH	New Hampshire	SC	South Carolina
AR	Arkansas	IA	Iowa	NJ	New Jersey	SD	South Dakota
CA	California	KS	Kansas	NM	New Mexico	TN	Tennessee
CO	Colorado	KY	Kentucky	NY	New York-I	TX	Texas
CT	Connecticut	LA	Louisiana	NY	New York-II	UT	Utah
Country _____		ME	Maine	NY	New York-III	VT	Vermont
DE	Delaware	MD	Maryland	NY	New York-IV	VA	Virginia
DC	District of Columbia	MA	Massachusetts	NC	North Carolina	VI	Virgin Islands
FL	Florida	MI	Michigan	ND	North Dakota	WA	Washington
GA	Georgia	MN	Minnesota	OH	Ohio	WV	West Virginia
GU	Guam	MS	Mississippi	OK	Oklahoma	WI	Wisconsin
HI	Hawaii	MO	Missouri	OR	Oregon	WY	Wyoming
		MT	Montana	PA	Pennsylvania	Other _____	

3. Of what country are you a citizen? _____

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

-
5. Beginning with the most recent, list every permanent and temporary place of residence for more than one month since your eighteenth birthday. Be sure to include the zip code.

Current Address

From Mo/Yr. _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____



From Mo/Yr. _____ To Mo/Yr. _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____



From Mo/Yr. _____ To Mo/Yr. _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____



From Mo/Yr. _____ To Mo/Yr. _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____



From Mo/Yr. _____ To Mo/Yr. _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____



From Mo/Yr. _____ To Mo/Yr. _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____



From Mo/Yr. _____ To Mo/Yr. _____

Address _____ Apt. _____

City _____ County _____

State _____ Zip _____ Country if not United States _____

EDUCATIONAL INFORMATION

This section contains questions 6 through 9.

6. List the names of all the colleges and universities other than law schools you attended, their location (including the name of the campus if the school had more than one), the dates attended and the degree received. Mark "ND" if you did not receive a degree. List schools beginning with the most recent.



College _____ City _____ State _____

From Mo/Yr. _____ To Mo/Yr. _____ Degree _____



College _____ City _____ State _____

From Mo/Yr. _____ To Mo/Yr. _____ Degree _____



College _____ City _____ State _____

From Mo/Yr. _____ To Mo/Yr. _____ Degree _____

7. List the names of all the law schools you are attending, or have attended, their locations (including the name of the campus if the school had more than one), the dates attended and the degree received. Mark "ND" if you did not receive a degree. List schools beginning with the most recent.



Law School _____ City _____ State _____

From Mo/Yr. _____ To Mo/Yr. _____ Degree _____



Law School _____ City _____ State _____

From Mo/Yr. _____ To Mo/Yr. _____ Degree _____

8. Did you engage in law office study in lieu of attending law school? Yes No

If "yes" under the approval of what jurisdiction? _____

Indicate when and where:

From Mo/Yr. _____ To Mo/Yr. _____

Name of Firm _____

Employer or Proctor _____

Address _____

City _____ State _____ Zip _____

9. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign or allowed to resign in lieu of discipline from any school above the elementary school level, or from any college, university or law school, or otherwise subjected to discipline by any such school or institution or requested or advised by any such school or institution to discontinue your studies therein?

Yes No

If "yes," on a separate sheet of paper provide a full and complete narrative explanation of the circumstances surrounding each occurrence.

LEGAL AND OTHER EMPLOYMENT

This section contains questions 10 through 16.

10. Despite whether the record has been expunged, canceled or annulled, or whether no record was made, have you ever been accused of personal or academic dishonesty at any school you attended?

Yes No

If "yes," on a separate sheet of paper provide a full and complete narrative explanation of the circumstances surrounding each accusation, its disposition and the punishment imposed, if any.

11. Despite whether the record has been expunged, canceled or annulled, or whether no record was made, have you ever been subject to proceedings before a school honor court or council (or any similar body)?

Yes No

If "yes," on a separate sheet of paper provide full and complete details of such charges, their disposition and the punishment imposed, if any.

12. PRIOR APPLICATION FOR ADMISSION

List every state or foreign country to which you have ever submitted an application to be admitted by examination, motion or diploma privilege, or to be reinstated to the bar. For each application, indicate the nature of the application (examination, comity, etc.) and date it was submitted and its ultimate disposition; i.e., admitted to the bar, withdrew application or not admitted. 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 a bar of a foreign country, indicate the name and address of the admitting authority.

State or foreign country _____

Applied for admission (Mo/Yr.) _____

Date of examination for which you sat (Mo/Yr.) _____

Admitted or readmitted (Mo/Day/Yr.) _____

If admitted, attorney bar number _____



State or foreign country _____

Applied for admission (Mo/Yr.) _____

Date of examination for which you sat (Mo/Yr.) _____

Admitted or readmitted (Mo/Day/Yr.) _____

If admitted, attorney bar number _____



State or foreign country _____

Applied for admission (Mo/Yr.) _____

Date of examination for which you sat (Mo/Yr.) _____

Admitted or readmitted (Mo/Day/Yr.) _____

If admitted, attorney bar number _____

Not admitted because (circle one):

Failed Exam

Withdrew Application

Other

Not admitted because (circle one):

Failed Exam

Withdrew Application

Other

Not admitted because (circle one):

Failed Exam

Withdrew Application

Other

-
13. (a) Have you ever represented to the public or any court that you were an attorney when you were not in fact admitted to practice in that jurisdiction? Yes No

If "yes," on a separate sheet of paper provide a full and complete narrative explanation, the circumstances surrounding each incident.

- (b) Have you ever been **disqualified** from practicing law for any reason before any state or federal trial or appellate court? Yes No
- (c) Have you ever been **disbarred, suspended, censured, or otherwise reprimanded or disqualified** as an attorney, as a member of another profession or a holder of public office? Yes No
- (d) Have there ever been or are there now any charges or complaints (formal or informal) pending concerning your conduct as an attorney, as a member of any other profession, or as a holder of public office? Yes No

If "yes" to (b), (c) or (d), complete **Form 9** and attach a copy of the allegations and final disposition, if any, along with a full and complete narrative of each circumstance.

14. (a) List every job you have held since you were eighteen years of age beginning with your current job. Include self-employment, clerkships, temporary or part-time employment and military service. Account for any period of time when you were unemployed.

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

From Mo/Yr. _____ To Mo/Yr. _____

Firm or employer _____

- (b) Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job? Yes No

If "yes," on a separate sheet of paper provide a complete narrative explanation of the circumstances surrounding each occurrence.

15. Complete one copy of **FORM 1** for each job listed in question 14. Make as many additional copies of **FORM 1** as you need to describe each job or change of location. Your application will be processed only after you provide all the information requested on **FORM 1** for each job.

16. Have you ever applied for (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 _____ Mo/Yr _____

Issuing Authority _____

Address _____

City _____ State _____ Zip _____



Type of License _____ Mo/Yr _____

Issuing Authority _____

Address _____

City _____ State _____ Zip _____



Type of License _____ Mo/Yr _____

Issuing Authority _____

Address _____

City _____ State _____ Zip _____



Type of License _____ Mo/Yr _____

Issuing Authority _____

Address _____

City _____ State _____ Zip _____

CHARACTER AND FITNESS INFORMATION PERSONAL INFORMATION

This section contains questions 17 through 33.

-
17. (a) Have you ever been denied a professional license (e.g., CPA, real estate broker, physician, patent practitioner) or a license for a business or trade? Yes No
- (b) Have you ever had a business, trade or professional license revoked? Yes No
- (c) Have you ever relinquished, surrendered or allowed a license for a business, trade or profession to expire? Yes No

If you answered "yes" to either (a), (b) or (c), on a separate sheet of paper state for each such circumstance the date, name and address of the licensing agency, and include a full and complete narrative.

18. (a) Have you ever been disbarred, suspended, censured or otherwise reprimanded or disqualified as an attorney, as a member of another profession or as a holder of public office? Yes No
- (b) To the best of your knowledge, has there ever been or are there now any charges, complaints or grievances (formal or informal) pending concerning your conduct as an attorney, as a member of any other profession or as a holder of public office? Yes No
- (c) If you answered "yes" to either (a) or (b), state the date of each occurrence and the name and address of the authority in possession of the records regarding the matter and provide a brief narrative explanation of the circumstances surrounding each matter.

Name and address of authority in possession of the records regarding the matter:

Name _____

Address _____

City _____ State _____ Zip _____

19. 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** Also include a complete narrative explanation of the circumstances surrounding each occurrence.

20. Have there ever been or are there now pending any civil actions or have any judgments been filed against you or have you ever filed any civil action against another party? Yes No

If "yes," complete **FORM 3**. Attach a copy of the pleading and final disposition. Also include a complete narrative explanation of the circumstances surrounding each occurrence.

21. Have you ever had a complaint filed against you in any civil, criminal or administrative forum, alleging fraud, deceit, misrepresentation, forgery or legal malpractice? Yes No

If "yes", complete **FORM 3** Attach a copy of the pleading and final disposition Also include a complete narrative explanation of the circumstances surrounding each occurrence.

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

If “yes,” complete **FORM 4**.

23. Have you ever, either as an adult or a juvenile, been cited, arrested, charged or convicted for a violation of any law (except moving traffic violations to be reported under question 24 and except minor parking violations)? Yes No

If “yes,” complete **FORM 5** and attach a copy of the arresting officer’s report, complaint, citation, indictment, trial disposition, sentence and appeal, if any. Also include a complete narrative explanation if the circumstances surrounding each occurrence.

24. On **FORM 5A**, list any moving traffic violations (minor parking violations are excluded) incurred during the past five years.
-

25. Have you ever had a credit card or charge account turned over to a collection agency, or a credit card or charge account debt charged off or revoked? Yes No

If “yes”, complete **FORM 6**.

APPENDIX

The purpose of these inquiries is to determine the current fitness of the applicant to practice law. The mere fact of treatment for mental health problems or addictions is not, in itself, a basis on which an applicant is ordinarily denied admission, and the Bar Commission routinely certifies for admission individuals who have demonstrated personal responsibility and maturity in dealing with mental and addiction issues.

The Commission does, 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.

The Bar Commission does not, by its questions, 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. Generally, the Bar Commission does not view these types of counseling as germane to the issue of whether and applicant is qualified to practice law.

26. Within the past five years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? Yes No

If “yes,” complete **FORMS 7 and 8**.

27. (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) which in any way currently affects, or if untreated could affect, your ability to practice law in a competent and professional manner? Yes No
- (b) Within the last five years have you been diagnosed with or been treated for any physical condition (e.g., stroke, head injury, dementia, brain tumor, heart disease) that has resulted in significant memory loss, significant loss of consciousness or significant confusion? Yes No

- (c) If your answer to Question 27(a) or (b) is affirmative, are the limitations or impairments caused by your physical or mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program?

Yes No

If your answer to Question 27(a), (b) or (c) is “yes,” complete **FORMS 7 and 8**. As used in Question 27, “currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a lawyer.

-
28. Within the last five years, have you been diagnosed with or been treated for kleptomania, compulsive gambling, pedophilia, exhibitionism or voyeurism? Yes No

If “yes,” on a separate sheet of paper provide a full and complete narrative explanation of the circumstances surrounding each occurrence.

-
29. Within the past five years, have you raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; on any proposed termination or suspension by an educational institution, employer, government agency, professional organization, or licensing authority? Yes No

If your answer is “yes,” furnish a thorough explanation on a separate piece of paper. Include pertinent names, addresses, dates, and references to records, as appropriate.

-
30. Do you have any other condition or impairment, not reported in Question 27, that in any way affects, or if left untreated might affect, your ability to practice law in a competent and professional manner? Yes No

If your answer to Question 30 is “yes,” complete **FORM 7**. Furthermore, if you have been diagnosed with or received treatment for the condition or impairment, complete **FORM 8**. As used in Question 27, “currently” means recently enough so the condition could reasonably have an impact on your ability to function as a lawyer.

-
31. (a) Are there any businesses, whether corporations, organizations, or professional associations, or partnerships, in which you own or have owned 50% or greater interest? Yes No

If “yes,” list for each:

Business Name _____

Address _____

City _____ State _____ Zip _____

Nature of Business _____ State of Organization _____

- (b) List all positions or offices you hold or have held in any of the above businesses including dates, duties and street addresses where such duties were performed.

Business Name _____

Address _____

City _____ State _____ Zip _____

Dates _____ Position or Office _____ Duties _____

- (c) On a separate piece of paper, list all litigation, including arbitration and governmental hearings, in which any business shown above has been involved.
 - (d) On a separate piece of paper, list any decrees, judgments, liens or orders against each business shown above which have not been satisfied.
-

32. For information as to character, in addition to the persons whose affidavits are attached, refer three persons below, none of whom is a fellow student, relative, or present or former employer, who have known you well, within the past five years. (Make certain that no two persons listed are members of the same household. Do not use the same people who have signed your character affidavits.) Please indicate below whether reference is Mr., Mrs., Ms. or write in appropriate title.



Title _____ Name _____

Address _____

City _____ State _____ Zip _____



Title _____ Name _____

Address _____

City _____ State _____ Zip _____



Title _____ Name _____

Address _____

City _____ State _____ Zip _____

33. If you require any special services or assistance in taking the examination, please indicate your requested special need: _____

(Bar Commission personnel will contact applicants indicating a special need in advance of the examination to discuss special services or assistance. The final decision for providing any of the same is reserved by the Bar Commission.)

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)

AFFIDAVIT AS TO APPLICANT'S MORAL CHARACTER

STATE OF _____)
)ss.
COUNTY OF _____)

I, _____ , being first duly sworn,
state that I am not the spouse or a relative of and am well acquainted with named _____
having known him/her for _____ years; that (s)he is of good reputation in the community where (s)he resides,
and that I believe him/her to be of good moral character.

(Signature)

(Date)

SUBSCRIBED and sworn to before me this
_____ day of _____
Notary Public _____
My Commission expires: _____

(S E A L)

AFFIDAVIT AS TO APPLICANT'S MORAL CHARACTER

STATE OF _____)
)ss.
COUNTY OF _____)

I, _____, being first duly sworn, state that I am not the spouse or a relative of and am well acquainted with named _____ having known him/her for _____ years; that (s)he is of good reputation in the community where (s)he resides, and that I believe him/her to be of good moral character.

(Signature)

(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 Admission to the Bar of: _____
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

CERTIFICATE OF MPRE SCORE

I understand I must pass the Multistate Professional Responsibility Examination (MPRE) before I am allowed to be admitted into the Nebraska State Bar. I further understand that if my score is for the MPRE is below the required scaled score of 85 at the time of the application deadline of November 1, for the following February examination and April 1, for the following July examination, a \$100 late fee will be added to the application fee.

I have have not (check one) taken the Multistate Professional Responsibility Examination.

I have have not (check one) requested the National Conference of Bar Examiners to send my score to the Nebraska State Bar Commission office.

If I have not taken or passed the MPRE with a scaled score of 85 I have enclosed the required late fee of \$100.

The address for the National Conference of Bar Examiners, MPRE Department, is as follows:

National Conference of Bar Examiners
MPRE Department
P. O. Box 4011
Iowa City, Iowa 52243-4011
Phone: (319) 337-1287

I have read the foregoing and understand the contents thereof.

Printed Name of Bar Applicant

Signature of Bar Applicant

Date

BLANK FORMS

FORM 1/DESCRIPTION OF EMPLOYMENT

Name _____
FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

Position held _____ From Mo/Yr _____ To Mo/Yr _____

Employer _____
(DO NOT ABBREVIATE)

Employer's address at time of employment:

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Employer's current name and address if not the same as above:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Type of Business _____

Immediate Supervisor or Associate _____

His/Her (supervisor's or associate's) current address _____

City _____ State _____ Zip _____

Reason for leaving _____

If you are self-employed, or if firm is no longer operating, please provide name, address and telephone number of a verifying reference.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Check if address is: Residence or Business

To be used with Question 20 and 21

FORM 3/RECORD OF ACTIONS (including divorce)

Name _____
FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

Complete title of action _____

Court file number _____

Full name(s) and address(es) of plaintiff(s) and attorney(s) _____

Full name(s) and address(es) of defendant(s) and attorney(s) _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Trial date _____

Date of final disposition _____

Disposition _____

If the disposition resulted in a judgment, has the judgement been satisfied? Yes No

If yes, give the date the judgement was satisfied _____

If no, what is the amount still owing? _____

*Attach a copy of the pleading, allegations and/or final dispositions. Other documents may be requested.
Also include a complete narrative explanation of the circumstances surrounding each occurrence.*

To be used with Question 22

FORM 4/RECORD OF BANKRUPTCY OR INSOLVENCY

Name _____
FIRST MIDDLE LAST 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 _____

Names and address of major creditors _____

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

*Attach a schedule of indebtedness, the petition for bankruptcy, and discharge from bankruptcy order.
Also include a complete narrative explanation of the circumstances surrounding each occurrence.*

FORM 5/RECORD OF CRIMINAL CASES

Name _____
FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

Date of incident (or time period involved) _____

Location _____
CITY COUNTY STATE

Title of complaint or indictment _____

Criminal Number _____

Brief description of incident _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Date first heard _____

Charge(s) at time of arrest _____

Charge(s) at time of trial _____

Date of final disposition _____

Final disposition _____

*Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence and appeal, if any.
Also include a complete narrative explanation of the circumstances surrounding each occurrence.*

To be used with Question 24

FORM 5A/RECORD OF TRAFFIC CASES

Name _____
FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

Date of incident (or time period involved) _____

Location _____
CITY COUNTY STATE

Title of citation, complaint or indictment _____

Traffic Number _____

Brief description of incident _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ State _____ Zip _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ State _____ Zip _____

Date first heard _____

Charge(s) at time of citation or arrest _____

Charge(s) at time of trial _____

Date of final disposition _____

Final disposition _____

Also include a complete narrative explanation of the circumstances surrounding each occurrence.

FORM 6/CREDIT CARD OR CHARGE ACCOUNT REVOCATIONS

Name _____
FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

Name and address of charge account or credit card that was revoked: _____

Account number of charge account or credit card _____

Date revoked _____

Amount due at the time of revocation _____

Payment was made to:

Name _____

Address _____

City _____ State _____ Zip _____

Have you made any payment on the outstanding balance? If so, identify the

- Bank Collection Agency Credit Card Company Court Other

Name _____

Address _____

City _____ State _____ Zip _____

Date of last payment _____

Current balance _____

Complete description of circumstances surrounding the revocation.

FORM 7/AUTHORIZATION TO RELEASE MEDICAL RECORDS

Upon presentation of the original or a photocopy of this signed authorization,

I (*Applicant's Name*) _____

authorize (*Name, Address of Institution or Doctor*) _____

to provide information, including copies of records, concerning advice, care or treatment provided to me without limitation relating to mental illness, use of drugs or alcohol 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 admitting authority.

I hereby release, discharge and exonerate the Nebraska State Bar Commission, its agent and representatives, the admission agency, its agents and representatives and

(*Name, Address of Institution or Doctor*) _____

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 such documents, records and other information or the investigation made by the Nebraska State Bar Commission or the admitting authority.

Signature of Applicant (sign in black ink)

Date

SUBSCRIBED and sworn to before me this
_____ day of _____

Notary Public _____

My Commission expires: _____

(S E A L)

Seal or stamp must be affixed to each original.

To be used with Question 13.(b), (c), (d)

FORM 9 / DISQUALIFIED / DISBARRED / SUSPENDED / CENSURED / REPRIMANDED

Applicant's Name _____
FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

Year of action: _____ Type of action or complaint: _____

Name of state or federal court _____

Address _____

City _____ State _____ Zip _____

Disqualified From Mo/Yr. _____ To Mo/Yr. _____

Reason for the complaint, disqualification, disbarment, suspension, censure or reprimand:

Name and address of authority in possession of records regarding the complaint, disqualification, disbarment, suspension, censure or reprimand:

Name _____

Address _____

City _____ State _____ Zip _____

*Attach a copy of the complaint, disqualification, disbarment, suspension, censure or reprimand.
Also include a complete narrative explanation of the circumstances surrounding each occurrence.*