

# Lancaster Separate Juvenile Court Request for Court Appointment List

_____ <b>Name</b>	_____ <b>NSBA #</b>
_____ <b>Address</b>	_____ <b>Office and Cellular Telephone</b>
_____ <b>Email</b>	_____ <b>Fax Number</b>

**I wish to be considered for court appointments of:**

- |                                      |                                   |                                      |
|--------------------------------------|-----------------------------------|--------------------------------------|
| 3b cases (truancy/ungovernable)      | Law Violation cases               | Relinquishment cases (8)             |
| 3c cases (mentally ill or dangerous) | Bridge to Independence cases (11) |                                      |
| 3a cases (abuse/neglect)             |                                   |                                      |
| Parent representation only           | GAL representation only           | Parent <u>and</u> GAL representation |

**Please initial:**

- \_\_\_\_\_ I am a member and in good standing with the Nebraska State Bar Association.
- \_\_\_\_\_ I have demonstrated experience in, and knowledge of, the Nebraska Rules of Criminal Procedure and the Nebraska Rules of Evidence.
- \_\_\_\_\_ I acknowledge that I will comply with the Rules of Practice and Procedure of the Separate Juvenile Court.
- \_\_\_\_\_ I am covered by a professional liability insurance policy other than an extended reporting endorsement.
- \_\_\_\_\_ I have completed the training requirements described in the Nebraska Supreme Court Rule Regarding Guardian Ad Litem Training for Attorneys. *(required for GAL appointment requests only)*
- \_\_\_\_\_ I have completed the training requirements described in Nebraska Supreme Court Rule Regarding Bridge to Independence Training for Attorneys. *(required for Bridge to Independence appointment requests only)*
- \_\_\_\_\_ I acknowledge that I must comply with the Nebraska Rules of Professional Conduct §3-501.1 which states that a lawyer shall provide competent representation to a client. Competent representation requires the legal knowledge, skill, thoroughness, preparation, and judgment reasonably necessary for the representation.
- \_\_\_\_\_ I agree that I have no limitations on my practice that would make me unavailable during the Court's normal business hours.
- \_\_\_\_\_ I acknowledge that if any of the above information changes, I shall immediately notify the Juvenile Court Administrator of the changes.
- \_\_\_\_\_ I acknowledge that if I no longer wish to receive court appointments, I shall immediately notify the Juvenile Court Administrator in writing so that my name may be removed from the Court Appointed List.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please return this form along with a current resume to:

**Lancaster County Juvenile Court**  
**Attn: Theresa Emmert, Court Administrator**  
**575 S 10<sup>th</sup> Street, Lincoln NE 68508**  
[temmert@lancaster.ne.gov](mailto:temmert@lancaster.ne.gov)