

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA**

2005 ANNUAL ASSESSMENT FORM

1. Please supply our office with the following information:

Name: _____

Mailing Address: _____

Law Firm Telephone Number: _____

Law Firm Fax Number: _____

Nebraska State Bar License Number: _____

E-mail Address: _____

2. If paying by check, please make payable to Clerk, U.S. District Court. If paying by credit card, please complete the bottom portion of this form. Please complete the form and return with your \$5.00 payment to:

Clerk, U. S. District Court
2004 Annual Assessment
111 S. 18th Plaza, Suite 1152
Omaha, NE 68102-1322

Credit Card Authorization

I, Name of Attorney/Law Firm _____

hereby authorize the United States District Court for the District of Nebraska to charge the following credit card for payment of the annual assessment fee in the amount of \$_____.

Credit Card Number _____ Exp Date _____

If using an American Express card, please provide the 4-digit ID number _____.