

SILETZ TRIBAL BAR APPLICATION  
ATTORNEY  
Reference Rules: Siletz Tribal Court Rules and Procedures  
Tribal Bar Section 3.022

In the Matter of the Application of:

New  
 Update

\_\_\_\_\_  
For Examination and Admission to Practice Law in Siletz Tribal Court

(If space is insufficient for any answer, complete your answer on a separate sheet of paper of the same size as this application.) Answer every question. If a question is not applicable to you, answer the question "Not Applicable."

Tribal Court of the Confederated Tribes of Siletz Indians of Oregon (CTSI)  
Application to Take Bar Exam  
Please Print or Type

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Second Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Prior Names/A.K.A.'s \_\_\_\_\_  
\_\_\_\_\_

Business address or second location where you can regularly be reached : \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_; Place of Birth: \_\_\_\_\_

List all post-elementary education you have received:

Institution	Location	Period of Attendance	Degree
_____	_____	_____	_____
_____	_____	_____	_____

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If this is not your first application for admission to practice law in the Confederated Tribes of Siletz Indians of Oregon, give the date of each previous application, the reason(s) why you were not then admitted and, if an application was withdrawn, the reason(s) for the withdrawal.

Month & year of examination \_\_\_\_\_ Reason not admitted/reason withdrawn \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have ever made, are making or are intending to make an application for admission to practice law in any other jurisdiction, specify each instance:

Month and year of examination: \_\_\_\_\_

Jurisdiction to whom it was made: \_\_\_\_\_

Whether or not you were admitted: \_\_\_\_\_

If you were admitted, state the date (appx. date): \_\_\_\_\_

If you were not admitted, or if you withdrew your application, state the reason(s) why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe circumstances and location of conviction(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been assessed a fine for a moving vehicle violation or assessed a fine by any administrative/quasi judicial agency? \_\_\_\_\_

If yes, please describe circumstances, location and disposition of the violation(s) \_\_\_\_\_

\_\_\_\_\_

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Please provide any other information which would help the Judge to assess your moral character to serve as an advocate in Tribal Court.

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Identify three responsible people who are in a position to attest to your character and fitness to practice law. Do not list people related to you by blood or marriage. Your acquaintance with the people listed should be more than casual and of a substantial duration. Do not list more than one teacher or fellow student and do not list any judge.

Name and Mailing address	Occupation	Nature/Length of Acquaintance
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Name and Mailing address	Occupation	Nature/Length of Acquaintance
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Name and Mailing address	Occupation	Nature/Length of Acquaintance
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# AFFIDAVIT

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.  
\_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, state that:

- 1. I am the applicant named in the foregoing application for admission to practice law in the courts of the Confederated Tribes of Siletz Indians of Oregon;
- 2. I fully realize that the determination of whether I may be allowed to practice law in the courts of the Confederated Tribes of Siletz Indians of Oregon is at the discretion of the Siletz Tribal Court Chief Judge;
- 3. I have read the foregoing application and the answers which I have given are true and complete;
- 4. I understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one and accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted which would change or render incomplete any portion of the information furnished in or in connection to this application, I will promptly notify Tribal Court and furnish the necessary information to correct or complete my application.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_