

APPLICATION FOR ADMISSION TO PRACTICE			
APPLICANT INFORMATION			
(Last)	(First)		(Middle)
Name:			
Current address:			
City:	State:		ZIP Code:
FIRM INFORMATION			
Firm Name:			
Firm Address:			Room/Suite/Floor:
City:	State:		Zip Code:
Firm Telephone Number:		Fax:	
BACKGROUND INFORMATION			
Identify all courts in which you have been admitted to practice and the dates of admission:			
Have you ever been held in contempt of court, censured, disbarred, or suspend from practice before any court or disciplinary?  YES NO If so, please provide dates, details and disposition:			
Have you ever been convicted of a felony? YES NO If so, please provide dates, details and disposition:			
Are you currently the subject of any criminal investigations or disciplinary proceedings? YES NO If so, please provide			
dates, details and disposition:			
PRIOR TO SUMMITTING THIS APPLICATION PLEASE VERIFY THE FOLLOWING:			
<ul> <li>A copy of my current state bar membership card or other documentation proving current membership in a state bar is attached.</li> </ul>			
A check payable to the Nottawaseppi Huron Band Tribal Court for \$50.00 is attached.			
A signed <i>Oath of Admission</i> is attached to this application.			
ACKNOWLEDGEMENT			
I swear or affirm that the above information is accurate and correct to the best of my knowledge and belief.			

Date:

Signature of applicant: