



TRIBAL COURT PROGRAMS

THE CONFEDERATED TRIBES OF GRAND RONDE

TRIBAL BAR APPLICATION

PERSONAL INFORMATION:

Name: _____ Social Security #: _____
Last First M.I.

Have you ever been known by any other name, nickname or alias? Yes No

If yes, provide that name and the reason you used the name: _____

Date of Birth: _____ Place of Birth: _____
City State

Physical Address: _____
Street City State Zip

Mailing Address (if different): _____

Phone: _____
Home Work Mobile/Cell

E-Mail Address: _____

Driver's License Number: _____ Issuing State: _____

Suspended? Yes No If yes, please explain: _____

List each jurisdiction that has ever issued you a driver's license. *You do not need to provide DMV records.*

State issuing license	License #	Years Valid

List each jurisdiction in which you have been admitted to practice law:

Jurisdiction	Date Admitted	Bar Number

(continued on the next page, if needed)



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Jurisdiction	Date Admitted	Bar Number

Have you ever been held in contempt of court, censured, disbarred, or suspended from practice before any disciplinary authority or court? Yes No

If so, please provide dates, details and disposition: _____

Have you ever been convicted of a felony or misdemeanor? 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: _____



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AFFIDAVIT AND AUTHORIZATION

1. I am the applicant in the foregoing application for admission to practice law in the Tribal Court for the Confederated Tribes of the Grand Ronde Community of Oregon;
2. I have read the Tribal Court Ordinance relating to admission to practice law in the Tribal Court, and I make this application in accordance with the Ordinance;
3. I am in good standing in all jurisdictions listed in the application.
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 that would change or render incomplete any portion of the information furnished or in connection with this application, I will promptly notify the Court and furnish the necessary information to correct or complete my application;
5. I hereby authorize every person, firm, company, corporation, governmental agency, court association, bar admissions or discipline authority, or educational or other institution, including, without limitation, colleges, universities, and law schools, having control of documents relating to me, including without limitation, driving records, post-secondary educational institution and law school records, professional disciplinary records, and employment records, to provide that information and those documents to the Confederated Tribes of Grand Ronde and their agents or authorized representatives;
6. I hereby release, discharge and exonerate the Confederated Tribes of Grand Ronde, their agents and representatives and any person, entity furnishing documents, records or information in connection with this application or the investigation discussed above from any and all liability of every nature and kind arising from any investigation or out of the furnishing, inspection or use of such documents, records and other information; and
7. I understand that all documents, records and other information pertaining to me, furnished to the Confederated Tribes of Grand Ronde in connection with this application are privileged and confidential and will not be disclosed to persons outside of the Tribe and their agents or authorized representative without my prior consent and that this application and all materials in my application file are and shall remain the property of the Confederated Tribes of Grand Ronde.
8. I fully realize that the determination of whether I may be allowed to practice law in the Tribal Court for the Confederated Tribes of Grand Ronde depends on the truth and completeness of my answers in this application and the information furnished with it;
9. I have read the foregoing application and the answers I have given are true and complete.

Signature

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Signature

Notary Public For: _____

My Commission Expires: _____



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The Confederated Tribes of Grand Ronde

9615 Grand Ronde Road
Grand Ronde, OR 97347-9712

AUTHORIZATION FOR RELEASE OF INFORMATION

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **THE CONFEDERATED TRIBES OF GRAND RONDE** and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for admission to the **CONFEDERATED TRIBES OF THE GRAND RONDE COMMUNITY OF OREGON TRIBAL COURT**. I understand and consent to an investigation that is limited to criminal record history information, motor vehicle driving history, human services inquiry for child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of **THE CONFEDERATED TRIBES OF GRAND RONDE** and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I hereby, discharge, exonerate, indemnify and hold harmless the Confederated Tribes of the Grand Ronde Community of Oregon, its agents and representatives, Maximum Reports, Inc., its agents and representatives, and any person lawfully furnishing information from any and all liability of every nature and kind, all claims, damages, losses and expenses, including reasonable attorney fees, arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Confederated Tribes of the Grand Ronde Community of Oregon, its agents and representatives.

APPLICANT'S FULL NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP CODE

DRIVER'S LICENSE NUMBER STATE

APPLICANT'S SIGNATURE

DATE