

INFORMATION OF PERSON FILING FORM:

Name: _____

Address: _____

Attorney for: _____

SHINGLE SPRINGS BAND OF MIWOK
INDIANS TRIBAL COURT
P.O. Box 531, Shingle Springs, CA 95682

**APPLICATION FOR ADMISSION TO THE
TRIBAL COURT BAR
[FOR COURT USE ONLY]**

CASE NO.: _____

I, (print your full legal name) _____, the Applicant, hereby apply for admission to practice law before the Shingle Springs Band of Miwok Indians Tribal Court (Tribal Court) pursuant to Title 3 of the Tribal Court Rules of Court. In support of this application, I declare, under penalty of perjury, the following:

1. (Please Check A for Attorney Admission or B for Lay-Advocate or Non-Lawyer)

A. I am an attorney, in good standing, admitted to practice law in the state of _____:

Date Admitted: _____ SBN# _____

Firm Name and Address: _____

B. I am a lay-advocate or non-lawyer. I am admitted to the following jurisdictions, including my registration number, if applicable:

Date Admitted: _____ # _____

Name of Jurisdiction: _____

2. I pledge to advise the Court if my status changes in any other jurisdiction to which I am admitted.

3. I anticipate I will appear regularly before the Tribal Court.

4. I have reviewed the Shingle Springs Band of Miwok Indians statutory laws and all current Court rules which are available online at: <http://www.shinglespringsrancheria.com/government/codes-policies-and-bylaws/>.

- 5. I consent to the jurisdiction of the Tribe for all matters related to the application for admission and all other conduct, whether before or after admission and whether by appearance, written submission, or otherwise, in the Tribal Court’s administrative bounds.

- 6. The non-refundable filing fee of \$50.00 is enclosed via check or money order or I am exempt from the filing fee because of the reason marked below:
 - A. I am an Attorney employed by the Tribe.
 - B. I am a Tribal Member.
 - C. I am representing a party “pro-bono” or without collecting any fees. A signed statement from the party reflecting the pro-bono arrangement is attached.

Dated

Applicant’s Signature

Applicant’s Printed Name

Address

City, State, Zip Code

Telephone Number