

1
2 **IN THE TRIBAL COURT OF THE CONFEDERATED TRIBES OF**
3 **COOS, LOWER UMPQUA AND SIUSLAW INDIANS**

4 Name: _____
5
6
7
8

**APPLICATION FOR ADMISSION
TO PRACTICE OR RENEWAL;
ORDER**

9 I hereby make application to the Chief Judge of the Tribal Court of the
10 CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS for
11 admission or renewal of admission to practice in the Tribal Court and the Tribal
12 Appellate Court of the Confederated Tribes of Coos, Lower Umpqua and Siuslaw
13 Indians. I certify that I am an attorney at law, active and in good standing, and
14 licensed to practice in the following court(s):
15

16 Name of Court

Bar No.

17 _____
18

19 _____
20

21 _____
22

- 23 1. Attached hereto and incorporated herein is a copy of my current license or
24 certificate of authority to practice in each of the courts listed above.
25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

2. I agree to notify this Court promptly of any change in status of my privilege to practice before any of the above courts. I understand that my authority to practice in the Tribal Court of the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians will be withdrawn for any period of time during which my license to practice in any court has been withdrawn or suspended.

3. I agree to act as an officer of the court in any action or proceeding in which I appear, and to conduct legal practice in accord with any rules of professional conduct as adopted by the Tribal Council and all other applicable practice standards.

4. I have paid the annual fee of \$_____ with the submission of this application.

DATED this _____ day of _____, 20_____.

Signature
Tribal Bar No. _____

DATED this _____ day of _____, 20_____.

Karen L. Costello, Chief Judge



TRIBAL COURT
Confederated Tribes of Coos,
Lower Umpqua, & Siuslaw Indians
1245 Fulton Avenue, Coos Bay, OR 97420
luuwii niluwechise ~ hiisəch hai ~ k'ele nəluwehe ~ with a good heart

CONTACT INFORMATION FOR THE CTCLUSI TRIBAL BAR

Date: _____

Tribal Bar No: _____

Name: _____

Firm: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Website: _____