

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

3  
4 IN THE MATTER OF ADMISSION TO  
5 PRACTICE IN TRIBAL COURT

**APPLICATION FOR LAW  
STUDENT**

6 \_\_\_\_\_  
7 Student Name

**ADMISSION TO PRACTICE IN  
TRIBAL COURT; ORDER**

8 I, \_\_\_\_\_, Attorney at Law, hereby make  
9 application to the Tribal Court of the CONFEDERATED TRIBES OF COOS, LOWER  
10 UMPQUA AND SIUSLAW INDIANS for admission or renewal of admission for the  
11 above-named individual to practice in the Tribal Court and the Tribal Appellate Court  
12 of the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians.

13  
14 I certify that I am an attorney at law, active and in good standing, and licensed to  
15 practice in the Tribal Court of the Confederated Tribes of the Coos, Lower Umpqua,  
16 and Siuslaw Indian Tribes.

17 I further certify that the above-named law student is currently enrolled in the  
18 following accredited school of law: \_\_\_\_\_,  
19 located in the United States, and I agree to supervise and assume responsibility for  
20 the student's practice in this Tribal Court.

21 I understand that that no fee is required with the submission of this application.

22 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

23  
24 \_\_\_\_\_  
Signature

Tribal Bar No. \_\_\_\_\_  
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IT IS SO ORDERED that \_\_\_\_\_ (student name) is admitted to practice before the Tribal Court and the Tribal Appellate Court for the following period of time: \_\_\_\_\_

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: \_\_\_\_\_