

**ASSINIBOINE AND SIOUX TRIBES
FORT PECK INDIAN RESERVATION
P. O. Box 1027
POPLAR, MONTANA 59255
Office:(406) 768-2400 Fax: (406) 768-3710**

Application

(Please indicate which test you are registering for by a checkmark)

Tribal Bar Examination

Judges Qualifying Examination

FULL NAME: _____

PRESENT OCCUPATION: _____

EMPLOYER: _____

MAIL ADDRESS: _____

TELEPHONE: () _____ FAX: () _____

E-MAIL: _____

TRIBAL AFFILIATION: (CIRCLE ONE) YES NO

(IF APPLICABLE) AGENCY: _____

ENROLLMENT # _____

STATE BAR AFFILIATION:

(IF APPLICABLE) State and License Number: _____

HAVE YOU EVER BEEN SUSPENDED/DISBARRED/DISCIPLINED BY ANY
COURT OF COMPETENT JURISDICTION OR ANY STATE BAR COMMITTEE? YES NO
(IF YES, PLEASE ATTACH STATEMENT OF EXPLANATION)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF APPLICABLE, HAVE YOU EVER BEEN DISHONORABLY
DISCHARGED FROM THE ARMED FORCES? YES NO

ARE YOU IN GOOD HEALTH? YES NO

**YOU MUST ATTACH A COPY OF YOUR CURRENT RESUME
WITH THREE REFERENCE CONTACTS AND A \$75.00 APPLICATION FEE
(Payable to the Fort Peck Tribes)**

I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION IN GOOD FAITH AND TO THE BEST OF
MY KNOWLEDGE AND BELIEF:

DATE OF APPLICATION

SIGNATURE OF APPLICANT