

HUALAPAI JUDICIARY

P.O. Box 275 - 960 Rodeo Drive
PEACH SPRINGS, ARIZONA 86434
(928) 769-2338 Phone
(928) 769-2736 Fax

HUALAPAI JUDICIARY COURT PRACTITIONER APPLICATION AND INFORMATION SHEET

In order to be permitted to practice in the Hualapai Judiciary, you must complete and submit this application and information sheet. Failure to submit the application or submission of an incomplete application will result in denial of your privilege to practice. Inaccurate or false information provided in the application will result in suspension or revocation of your privilege to practice and may subject you to contempt of court proceedings or criminal prosecution.

List your full legal name: _____

List any other name(s) you use or have used: _____

List your mailing address: _____

Email address: _____

Name of business or law firm: _____

List business or law firm mailing and physical address: _____

List your business telephone and fax numbers: _____

List your business email address: _____

List the name and location of the Tribe in which you are enrolled and your enrollment number (if applicable): _____

Did you graduate from law school? yes no If yes, list name and location of law school and

Year of graduation: _____

Are you licensed in any state or U.S. territory to practice law? yes no If yes, list all states and territories where you are licensed and the year you were first licensed in each: _____

Are you permitted to practice in any U.S. Federal or Military Court? yes no If yes, list each Court where you are permitted to practice and the year you were first admitted to practice there: _____

List the names and locations of all Tribal Courts where you are currently permitted to practice or have previously practiced:

Are you in good standing in every jurisdiction where you are permitted to practice? yes no

If no, list the name and location of the jurisdiction where you are not in good standing and provide details regarding the reason for that status: _____

Has your privilege to practice ever been suspended or revoked in any jurisdiction? yes no

If yes, list the name and location of the jurisdiction, the date of the suspension/revocation, and details regarding the circumstances of the suspension/revocation: _____

Have you been convicted or found guilty of any felony or misdemeanor criminal offense within the last twelve months?

yes no If yes, list the jurisdiction where convicted, the date of conviction, the case number, and the offense for which you were convicted (include misdemeanor traffic offenses): _____

Please provide three professional references (*name, address, email address, telephone number*):

1. _____
2. _____
3. _____

I hereby certify as a prospective officer of the Hualapai Tribal Court that the information provided herein is true, correct, and complete as of the date written below.

Applicant's Signature

Date

Note: You will be required to submit a renewal application each year on or before the month and day you submit this original Application. You are responsible for notifying the Hualapai Judiciary of any changes to the information you provide herein which arise before your renewal application is due.