

**ASSINIBOINE AND SIOUX TRIBES
FORT PECK INDIAN RESERVATION
P. O. Box 1027
POPLAR, MONTANA 59255
Office:(406) 768-5155 Fax: (406) 768-3710**

Application for Tribal Bar Examination

FULL NAME: _____

PRESENT OCCUPATION: _____

EMPLOYER: _____

MAIL ADDRESS: _____

TELEPHONE: () _____ **FAX:** () _____

E-MAIL: _____

TRIBAL AFFILIATION: (CIRCLE ONE) _____ **YES** _____ **NO** _____
(IF APPLICABLE) AGENCY: _____ **ENROLLMENT #** _____

AGE: _____ **D.O.B.:** _____ **SOCIAL SECURITY #** _____

**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