

**Kalispel Tribal Court
Kalispel Indian Reservation
Mailing: P.O. Box 96, Usk WA 99180
Physical: 22 Camas Flat Rd. Cusick, WA 99119**

APPLICATION FOR ADMISSION AS A SPOKESPERSON

Name	Last	First	Middle
Mailing Address			
City	State	Zip Code	
Employer			
Business Address		Room/Suite/Floor	
City	State	Zip Code	
Preferred Phone Number	Fax Number	Email Address	

1. If you are a licensed Washington State attorney, would you be interested in appointment to represent indigent defendants?

Yes ☐

No ☐

2. State Bar Membership Number(s):

3. Identify all courts in which you have been admitted to practice and dates of admission. Please indicate your current status in each court/bar (i.e. active, inactive). If you are a law student, please indicate where you are studying, your advisor, and your expected graduation date. If you are not a lawyer or law student, please indicate your interest in applying for the Kalispel Bar, as well as your preparation and qualifications to practice in Kalispel Tribal Court.

4. Have you been held in contempt of court, censured, disbarred, disciplined or suspended from practice before any disciplinary authority or court?

Yes ☐No ☐

If yes, please provide date(s), details, and disposition below:

5. Have you been convicted of any felony, crime of dishonesty, or the defendant in criminal action?

Yes ☐No ☐

If yes, please provide date(s), details, and disposition below:

6. Have you ever been the subject of a civil or administrative action, including suspension or revocation of any license? Ex. Business license, gaming license, foster license, etc.

Yes ☐No ☐

If yes, please provide date(s), details, and disposition below:

7. Are you currently the subject of any criminal investigation or disciplinary proceeding(s)?

Yes ☐No ☐

If yes, please provide date(s), details, and disposition below:

8. Are you familiar with the Kalispel Constitution and By-laws, the Kalispel Law and Order Code, and the Court Rules of the Kalispel Tribal Court?

Yes ☐No ☐

9. Are you familiar with the basic principles of Federal Indian Law? If so, please describe how you came to such knowledge, such as your experience practicing in the field, any Indian Law courses or trainings completed, or any treatises studied. Please also indicate your interest in practicing in Kalispel Tribal Court.
10. I am in good standing in each jurisdiction that I am admitted to practice. A Certificate of Good Standing for each court/bar is attached.
11. I understand that if admitted to practice as a Spokesperson in the Kalispel Tribal Court that I will be required to uphold Tribal laws and Court rules and remain in good standing in this Court and in each jurisdiction listed in Section 4 above.
12. Check all that apply:
- ☐ A non-refundable check payable to the **Kalispel Tribe of Indians** for \$75.00 is attached.
- ☐ I am exempt from payment of bar admission fees because I meet the requirements of one of the following categories:
- ☐ I am an attorney employed by a government to represent governmental interests in Tribal Court.
- ☐ I am a contracted attorney through the Court who only represents individuals appointed counsel by the Court.
- ☐ I am a law student who is supervised by an attorney who is admitted to the Kalispel Tribal Bar who will provide adequate supervision (said attorney has signed this Application).
- ☐ I am a Kalispel Tribal member who requests to be made a Spokesperson.
13. My *Spokesperson's Oath* is signed and attached to this application.
14. I consent to, and understand that I must pass a background check, administered by the Kalispel Tribe regulatory authority (Kalispel Tribal Gaming Agency) as a pre-requisite prior to conducting business.
15. Consistent with Kalispel Law and Order Code Chapter 28, I agree to obtain a Tribal Business License prior to conducting any business on the Kalispel Indian Reservation, and to provide verification of all necessary insurance requirements as a pre-requisite prior to conducting business.
16. I understand that any license to practice as a Spokesperson before the Kalispel Tribal Court must be renewed annually on or before February 1 of each calendar year by completing a renewal application and paying a \$50.00 application fee (unless exempt) or such other fees established by the tribe from time to time.
17. I hereby consent to the jurisdiction of the Kalispel Tribe of Indians and its Tribal Court (including, but not limited to civil, regulatory, and adjudicatory jurisdiction).

I declare under penalty of perjury that the foregoing statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

Date Submitted:

Supervising Attorney's Signature:

Applicant's Name:

Approved for Testing: ☐

Denied Testing: ☐

Applicant's Signature:

Judge's Signature:

ADDITIONAL SPACE PROVIDED AS NEEDED FOR ANY ANSWER ABOVE