

**ASSINIBOINE AND SIOUX TRIBES  
FORT PECK INDIAN RESERVATION**

**P. O. Box 1027**

**POPLAR, MONTANA 59255**

**Office:(406) 768-2418**

**E-mail: rweeks@fortpecktribes.net**

**Application**

(Please indicate which test your 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