



NATION
JUSTICE CENTER
P. O. BOX 761
SELLS, ARIZONA 85634
(520) 383-6300
(520) 383-3193 OR (520) 383-3194
FAX: (520) 383-3500 OR (520) 383-2650

Date (

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RE: Tohono O'odham Nation Legal Practitioner Status – Yearly Update

You are listed as an admitted legal practitioner at the Tohono O'odham Nation's Justice Center.

If you would like to remain on the admitted-to-practice list, please respond with the information required. If you no longer wish to practice in the Nation's Court, please let us know so that your name and contact information can be removed from the list kept by the Court.

If you are currently accepting clients, please indicate if you wish to remain on the list of providers the Court gives to members of the public seeking representation.

I. LEGAL PRACTITIONER INFORMATION

A. Personal Information

1. **Legal Name:** _____
Other Names used (including nicknames, etc.): _____

For items 2-5, **No Change**

2. **Home Address:** _____

3. **Employment Information:**
Employer: _____
Mailing Address: _____

4. **Contact Information:**
Home: _____ Fax: _____
Cell: _____ Other(s): _____
Work: _____
Email: _____

5. **Tribal Membership** (If applicable, please attach a copy of your tribal ID card or other proof of tribal membership.)

Tribal Affiliation: _____ Membership No.: _____
 If Tohono O’odham, list your District: _____
 Speak O’odham? Yes No

B. Practitioner Category **No Change**

Attorney Type of Law Practiced: _____
 Non-Attorney / Lay Advocate Type of Law Practiced: _____
 Law Student (list supervising attorney’s name): _____

C. Licenses and Admissions **No Change**

List all courts/jurisdictions (federal, state, or tribal) you are currently certified or admitted to practice in, year of admission, expiration date (if applicable), and license/bar number (if applicable). **NOTE: attorney practitioners are required to send a copy of an updated active bar card each year in order to remain on the Court’s list of admitted practitioners.**

	Court/Jurisdiction	Year Admitted	Expiration	License/Bar No.
a.				
b.				
c.				

D. Practitioner Status **No Change**

- Accepting Clients**, I approve the release of my contact information to the public.
- Employee of the Nation**, my name should not be released to the public due to potential conflicts.
- Remove my name**, I no longer wish to appear in the Nation’s Courts.

DECLARATION AND SIGNATURE

I declare under the penalty of perjury that:

The answers, statements, and any attachments provided are true and correct.

False statements and/or omissions may affect my ability to practice in the courts of the Tohono O’odham Nation or my certification to practice may be revoked if a false statement is discovered after my admission to practice.

I am required to notify the Court in writing of any change in address, contact information, convictions, or disciplinary action, including suspension or disbarment, in any jurisdiction within ten days of such change or action.

Date

Signature of Practitioner