

**Completed applications, with all required documents,  
may be sent to the Justice Center:**

By emailing scanned documents to both:

[Christina.Rinnert@tonation-nsn.gov](mailto:Christina.Rinnert@tonation-nsn.gov)

and

[Charlene.Enriquez@tonation-nsn.gov](mailto:Charlene.Enriquez@tonation-nsn.gov)

OR

by mailing original documents to:

Charlene Enriquez  
Executive Assistant  
Tohono O'odham Nation Justice Center  
P.O. Box 761  
Sells, AZ 85634



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: \_\_\_\_\_

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

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. **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.**

If there are any changes to be made, please use the **LONG FORM** to respond.

**I. LEGAL PRACTITIONER INFORMATION**

**A. Personal Information**

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

**No Change to Any Information**

**DECLARATION AND SIGNATURE**

I declare under the penalty of perjury that:

I have read, understand, and agree to abide by Sections 15 & 16 of the T.O. Rules of Court.

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