

## **ATTORNEY ADMISSION FORM**

This form is for use by attorneys seeking admission to practice law on the Fort Mojave Indian Reservation. Please Note: **The form must be fully completed for your application to be considered.** 

Last Name:	First Name:					M.I.:	
If appropriate, select one:	□ Senior	□ Junior	□ II		□ Other _		
Firm Name:							
Firm Address:							
Street:							
City, State:					_ Zip Code: _		
Telephone Number: () _		Fax	Numbe	r: (	)		
E-Mail Address:							
Bar Number:		_ State of L	icensure	::			
(Copy of Bar Card must be att	ached)						
Please answer the following:							
All occasions, if any, on which disposition of contempt charg			•	court fol	llow: (State t	he nature and final	

		<ul><li>, contempt, or other proceeding pending before explain: (Additional Sheet May be Attached)</li></ul>				
am seeking: (Please Check O ☐ General Admission ☐ S	ne) pecial Admission					
f special admission is request	ed for a specific case, pl	ease list case number and style:				
Case Number:		Style:				
By submitting this form, the Mojave Indian Reservation.	undersigned agrees to a	bide by the laws governing the lands of the For				
Signature		 Date				
	MAIL TO: Fort Mojave Tribal Court Attn: Attorney Admissions 8492 South Highway 95 Mohave Valley, Arizona 86440					
	COURT US	SE ONLY:				
	☐ Approved					
Approval Date:		Renewal Date:				
Approving Signature:		Annual Fee Receipt:				