

COQUILLE INDIAN TRIBE

\_\_\_\_\_) APPLICATION AND ORDER FOR  
(Attorney Name) ) ADMISSION TO PRACTICE  
) OR RENEWAL  
\_\_\_\_\_)

I hereby make application to the Chief Judge of the Coquille Indian Tribal Court for admission or renewal of admission to practice in the Court of the Coquille Indian Tribe. I certify that the following are true:

1. I have attained the age of 18 years.
2. I am of good moral character and am fit to practice law in the Court of the Coquille Indian Tribe.
3. I am an attorney at law, active and in good standing, and licensed to practice in the following court(s):

Name of Court

Bar No.

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4. Attached hereto and incorporated herein is a copy of my current license or certificate of authority to practice in each of the courts listed in part 3.
5. I agree to notify this Court promptly of any change in status of my privilege to practice before any of the above courts. I understand that my authority to practice in the Court of the Coquille Indian Tribe will be withdrawn by the Chief Judge for

any period of time during which my license to practice in any court has been withdrawn or suspended.

6. I agree to comport myself in the Court of the Coquille Indian Tribe honorably and ethically as an officer of the court in accordance with all applicable practice standards.

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Attorney

IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Coquille Indian Tribal Court  
Melissa Cribbins, Chief Judge