



## SALT RIVER JUSTICE CENTER

10040 East Osborn Road  
Scottsdale, Arizona 85256  
(480)362-6315

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### APPLICATION FOR ADMISSION TO PRACTICE

#### Instructions to the Applicant:

Answer each question based on your own knowledge, unless expressly directed to provide the source of your information. Answer each question truthfully, and as completely and specifically as possible.

If the space provided for any answer is insufficient, then complete your answer on a separate, attached sheet. If the question requires supplemental information, then your application will be considered incomplete until all supplemental information is received.

The Committee may contact you for additional information or explanation. You remain under a continuing obligation to update or change this information immediately, in writing, as necessary.

Type your answers, or print legibly using black ink.

If you are completing your application on a computer, then the PDF allows for you to utilize the “Fill & Sign” feature to type your answers directly into the form.

- 1. Full Legal Name.** *If no middle name, indicate by printing “no middle name”. This is how your name will appear on your Certificate of Admission.*

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First

Middle

Last

Suffix

- 2. Aliases.** *List all other names by which you are or have been known, including maiden name and/or names by marriage or adoption. State the reason and the dates during which you were known by each name.*

Name (First, Middle, Last)	Dates	Reason

- 3. Date of Birth.** \_\_\_\_\_ **Place of Birth.** \_\_\_\_\_  
(Month, Day, Year) (City, State, Country)

- 4. Current Residence.**

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
E-mail: \_\_\_\_\_

- 5. Mailing Address.** *If different from current residence, above.*

Street / P.O. Box: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
E-mail: \_\_\_\_\_

- 6. Residence(s).** *List all places you have lived for the past five (5) years, if different from above. If more space is needed, attach additional pages.*

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Dates of residence: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of residence: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of residence: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of residence: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of residence: \_\_\_\_\_

**7. Telephone.**

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

**8. Social Security Number.** \_\_\_\_\_

**9. Have you previously been admitted to practice in the Salt River Pima-Maricopa Indian Community?**

☐ Yes ☐ No -If yes, years active: from (yr) \_\_\_\_\_ to (yr) \_\_\_\_\_

**10. Education.** *List all educational institutions you have attended, including your dates of attendance, whether you graduated, and if so, the degree you obtained. Make additional copies of this page, if necessary.*

**High School:** \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Attendance: from (month, year) \_\_\_\_\_ to (month, year) \_\_\_\_\_

Graduated? ☐ Yes ☐ No If no, highest grade level attained? \_\_\_\_\_

Did you undergo any disciplinary proceedings while a student at this institution, whether academic or behavioral, including any disciplinary investigations or sanctions that did not result in sanctions? ☐ Yes ☐ No If yes, attach a full explanation, including disciplinary records.

**College:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: from (yr) \_\_\_\_\_ to (yr) \_\_\_\_\_ Graduated? ☐ Yes ☐ No

If yes, degree obtained: \_\_\_\_\_ Date: \_\_\_\_\_

Did you undergo any disciplinary proceedings while a student at this institution, whether academic or behavioral, including any disciplinary investigations or sanctions that did not result in sanctions? ☐ Yes ☐ No If yes, attach a full explanation, including disciplinary records.

**College:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: from (yr) \_\_\_\_\_ to (yr) \_\_\_\_\_ Graduated? ☐ Yes ☐ No

If yes, degree obtained: \_\_\_\_\_ Date: \_\_\_\_\_

Did you undergo any disciplinary proceedings while a student at this institution, whether academic or behavioral, including any disciplinary investigations or sanctions that did not result in sanctions? ☐ Yes ☐ No If yes, attach a full explanation, including disciplinary records.

**Law School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Dates of Attendance: from (yr) \_\_\_\_\_ to (yr) \_\_\_\_\_ Graduated? ☐ Yes ☐ No

If yes, degree obtained: \_\_\_\_\_ Date: \_\_\_\_\_

Did you undergo any disciplinary proceedings while a student at this institution, whether academic or behavioral, including any disciplinary investigations or sanctions that did not result in sanctions? ☐ Yes ☐ No If yes, attach a full explanation, including disciplinary records.

**Law School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Dates of Attendance: from (yr) \_\_\_\_\_ to (yr) \_\_\_\_\_ Graduated? ☐ Yes ☐ No

If yes, degree obtained: \_\_\_\_\_ Date: \_\_\_\_\_

Did you undergo any disciplinary proceedings while a student at this institution, whether academic or behavioral, including any disciplinary investigations or sanctions that did not result in sanctions? ☐ Yes ☐ No If yes, attach a full explanation, including disciplinary records.

**11. Admission(s) to Practice Law.** *Name all jurisdictions in which you have been admitted to practice law. Include the date of your admission. Attach a Certificate of Good Standing for each jurisdiction in which you are active.*

Jurisdiction: \_\_\_\_\_ Admitted: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Admitted: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Admitted: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Admitted: \_\_\_\_\_

**Have you ever been subject to disciplinary action by the licensing jurisdiction(s) above?**

☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Which jurisdiction? \_\_\_\_\_

*Attach a form stating the nature and facts of the violation giving rise to the disciplinary action, including the outcome. Provide contact information for the person or body in possession of the record thereof.*

**Have you been continuously entitled to practice law in each jurisdiction above since the date of your admission?**

☐ Yes ☐ No

If no, which jurisdiction? \_\_\_\_\_

Inactive period: from (yr) \_\_\_\_\_ to (yr) \_\_\_\_\_

Reason for inactivity: \_\_\_\_\_

*If inactivity is the result of disciplinary action, attach a form stating the nature and facts of the violation giving rise to suspension of your license to practice law. Provide contact information for the person or body in possession of the record thereof.*

## **12. Other Professional Licenses.**

**Do you have any other professional licenses?**

☐ Yes ☐ No

*If yes, name all licenses and the jurisdictions in which you have been admitted to practice, if applicable. Include the date of your admission. Attach a Certificate of Good Standing for each jurisdiction in which you are active.*

License: \_\_\_\_\_ Admitted: \_\_\_\_\_

License: \_\_\_\_\_ Admitted: \_\_\_\_\_

**Have you ever been subject to disciplinary action by the licensing jurisdiction(s) above?**

☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Which jurisdiction? \_\_\_\_\_

*Attach a form stating the nature and facts of the violation giving rise to the disciplinary action, including the outcome. Provide contact information for the person or body in possession of the record thereof.*

**Have you been continuously entitled to practice in each jurisdiction above since the date of your admission?**

☐ Yes ☐ No

If no, which jurisdiction? \_\_\_\_\_

Inactive period: from (yr) \_\_\_\_\_ to (yr) \_\_\_\_\_

Reason for inactivity: \_\_\_\_\_

*If inactivity is the result of disciplinary action, attach a form stating the nature and facts of the violation giving rise to suspension of your license to practice law. Provide contact information for the person or body in possession of the record thereof.*

### **13. Civil Actions.**

**Have you been a party to a civil action, including divorce or other family matter, in the last 10 years?\***

☐ Yes ☐ No

*\*If yes, attach a form stating the nature and facts of the civil matter, including the outcome.*

**14. Employment.** *List all employment you have had, or business or occupations in which you have been engaged, for the last five (5) years. Make additional copies of this page, if necessary.*

Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Employment: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_



Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Employment: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_



Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Employment: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_



Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Employment: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_



Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Employment: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_



Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Employment: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_



Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Employment: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_



Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of Employment: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_



**15. Unauthorized Practice of Law.**

**Have you been accused, in any jurisdiction, of the unauthorized practice of law?\*** ☐ Yes ☐ No

*\*If yes, attach a form explaining each allegation, including the outcome.*

**16. References.** *List the names and contact information for three (3) references, one of which must be a professional reference, who are not related to you. List your relationship to them.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**17. Military Service.** Indicate whether you are now or ever been a member of the Armed Forces of the United States, its reserve components, or the National Guard?

- ☐ I have never been a member of the Armed Forces. (Proceed to Question 14.)  
☐ I am currently a member of the Armed Forces. (Answer questions below.)  
☐ I was previously a member of the Armed Forces. (Answer questions below.)

Check all that apply:	Air Force	Army	Coast Guard	Marine Corps	Navy
Regular armed forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Serial Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Dates of Service: from (mo, yr) \_\_\_\_\_ to (mo, yr) \_\_\_\_\_

\*Have you ever received a non-judicial punishment? ☐ Yes ☐ No

\*Were you ever court-martialed? ☐ Yes ☐ No

\*If discharged, type of discharge: \_\_\_\_\_

***\* If you received a non-judicial punishment or were court-martialed, or if you were administratively or dishonorably discharged, attach an explanation of the circumstances surrounding the occurrence.***

**18. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any reason?\*** ☐ Yes ☐ No

**19. Have you ever been questioned or accused with respect to cheating, plagiarism, or an honor code violation during the course of your schooling, or elsewhere?\*** ☐ Yes ☐ No

**20. As a member of any profession, or as a holder of any office or license\*:**

- Have there ever been any charges, complaints, or grievances filed concerning your conduct? ☐ Yes ☐ No
- Have you ever been reprimanded, censured, suspended, disbarred, or otherwise disqualified? ☐ Yes ☐ No
- Have you ever been involved, as a party in any disciplinary proceeding, formal or informal? ☐ Yes ☐ No

21. Have you ever been accused of fraud, perjury, misrepresentation, or false swearing in a judicial or administrative proceeding?\* ☐ Yes ☐ No
22. Were you ever discharged from employment, or have you ever resigned from any employment in lieu of termination?\* ☐ Yes ☐ No
23. Has any co-signer on any loan or bond on which you were the principal been required to pay any money on your behalf?\* ☐ Yes ☐ No
24. Have you ever had a credit card revoked?\* ☐ Yes ☐ No
25. Do you have any debts, including student loans, which are more than 90 days past due?\* ☐ Yes ☐ No
26. Are you in default in the performance or discharge of any duty or obligation imposed upon you by decree or order of any court, including alimony, maintenance and support orders, and decrees?\* ☐ Yes ☐ No
27. Other than that listed in questions 17 through 20, have you ever failed to meet or defaulted on your financial obligations?\* ☐ Yes ☐ No
28. Whether as an adult or a juvenile, have you ever been served with a criminal summons, questioned, arrested, taken into custody, indicted, charged with, tried for, pleaded guilty to or been convicted of, or ever been the subject of an investigation concerning the violation of any law, statute, ordinance, rule, regulation, or cannon (including all incidents, no matter how trivial or minor the infraction or whether guilty or not, whether expunged or not), including all incidents that may have been expunged or sealed?\* ☐ Yes ☐ No
29. Have you ever been charged with or convicted of a serious criminal offense?\*  
*A serious criminal offense means any offense an element of which is conduct as attorney, legal professional or fiduciary; interfering in the administration of justice; false swearing; misrepresentation; fraud; willful failure to file tax returns; deceit; bribery; extortion; misappropriation; theft; or attempt to commit, a conspiracy to commit or solicitation of another to commit a serious crime; any crime involving death or serious physical injury to a person; any crime involving use of a weapon or dangerous instrument; driving under the influence or driving while intoxicated; any crime involving abuse or neglect of a child; any crime that is a sex offense.* ☐ Yes ☐ No

***\* If you answered “yes” to any part of Questions 18 through 29, attach an explanation of the occurrence, including the following information (when applicable):***

1. the name of employer, educational or financial institution, or court where the occurrence happened, or where the crime occurred;
2. the date of occurrence; AND
3. a detailed explanation of circumstances surrounding the occurrence, and the outcome.

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**\*\*\*END OF APPLICATION\*\*\***

**Before filing this application, check to ensure that all questions have been answered, and all requested information has been provided.**

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**DECLARATION AND RELEASE:**

THE PERSON NAMED AS THE APPLICANT  
IN THE FOREGOING APPLICATION AFFIRMS:

I am the Applicant referred to in the foregoing application. Having filed an application to sit for the Salt River Community Court Application to Practice, I hereby consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law, and such other information as may be received if I file a character and fitness application and pursue admission in Salt River Community Court, all of which will be reported only to the admitting authority. I agree to give any further information that may be required concerning my past record. I understand that I will not receive and am not entitled to a copy of the reports or to know the contents, and I further understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Salt River Community Court Admissions Committee any such information, including documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Salt River Community Court Admissions Committee or any of its agents or representatives to inspect and make copies of such documents, records or other information.

I understand that the Admissions Committee, and its members, employees, and agents are immune from all civil liability for conduct and communications occurring in the performance of their official duties relating to the examination, character and fitness qualifications, and licensing of persons seeking to be admitted to the practice of law. Records, statements of opinion and other information regarding an applicant for admission to the bar communicated by any entity, including any person, firm, or institution, without malice, to the Committees, or to its members, employees or agents are privileged, and civil suits predicated thereon may not be instituted.

State of \_\_\_\_\_)

County of \_\_\_\_\_)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_