



SALT RIVER JUSTICE CENTER

10040 East Osborn Road
Scottsdale, Arizona 85256
(480)850-8115

APPLICATION FOR CERTIFIED LIMITED PRACTICE STUDENT 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.*

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. **Telephone.**

Daytime: _____ Evening: _____

7. **Social Security Number.** _____

8. **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) _____
9. **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.

10. Have you successfully completed legal studies amounting to at least two (2) semesters, or the equivalent academic hour, at an ABA accredited law school?

☐ Yes ☐ No

11. Have you read the Community's Rules of Professional Conduct?

☐ Yes ☐ No

12. Do you understand that as a Certified Limited Practice Student, you may neither ask for nor receive compensation or remuneration of any kind for services rendered from the person on whose behalf the services are rendered, although payment by the Community for work in a Community department is permitted?

☐ Yes ☐ No

13. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any reason?* ☐ Yes ☐ No
14. 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
15. Have you ever been accused of fraud, perjury, misrepresentation, or false swearing in a judicial or administrative proceeding?* ☐ Yes ☐ No
16. Were you ever discharged from employment, or have you ever resigned from any employment in lieu of termination?* ☐ Yes ☐ No
17. 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
18. 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
19. Other than that listed in questions 17 through 20, have you ever failed to meet or defaulted on your financial obligations?* ☐ Yes ☐ No
20. 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 canon (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
21. 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 13 through 21, 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.

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

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

DECLARATION:

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

I am the Applicant referred to in the foregoing application. I have carefully read the instructions and questions, and I have answered them truthfully, fully, and completely, without mental reservations of any kind. I understand that false statements and/or omissions will raise characters issues that will delay or prevent my admission.

I understand that I have a continuing obligation to keep the Admissions Committee advised any material changes to the information contained within this Application, and/or any additional information that may affect my qualification for admission. I understand that I will not be admitted to practice until any character and fitness issues arising from the application process have been resolved in my favor.

State of _____)

County of _____)

Signature of Applicant

Date

Subscribed and sworn to before me this

_____ day of _____, _____.

Notary Public

My Commission Expires: _____