



**Cheyenne River Sioux Tribe  
Tribal Courts**

P.O. Box 120  
Eagle Butte, SD 57625  
PH: 605-964-6602 Fax: 605-964-6603  
Email: crcourts1@gmail.com

Form 2501

**APPLICATION  
ATTORNEY / LAY ADVOCATE**

☐ Mr. ☐ Mrs. / Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tribal Member (Check One): ☐ YES ☐ NO

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**BAR AFFILIATION: (If Applicable) (Additional information can be added on separate sheet)**

State/Tribal Bar Affiliation(s) and License Number(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_  
State/Tribe License Number State/Tribe License Number

**HAVE YOU EVER BEEN SUSPENDED/DISBARRED/DISCIPLINED BY ANY COURT OF COMPETENT JURISDICTION OR ANY STATE BAR COMMITTEE:** ☐ YES ☐ NO

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** ☐ YES ☐ NO

**HAVE YOU EVER BEEN DISHONORABLY DISCHARGED FROM THE ARMED FORCES:**

☐ YES ☐ NO ☐ N/A

**YOU MUST ATTACH A COPY OF YOUR CURRENT RESUME**

Application Fees: **ATTORNEY - \$250.00**  
**LAY ADVOCATE - \$50.00**

***I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION IN GOOD FAITH AND TO THE BEST OF MY KNOWLEDGE AND BELIEF;***

Applicant Signature

Date