



Cheyenne River Sioux Tribe Tribal Courts

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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) _____ State/Tribe _____ License Number _____ 2) _____ 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