



HO-CHUNK NATION SUPREME COURT
 P.O. BOX 70
 BLACK RIVER FALLS, WI 54615
 (715) 284-2722 OR (800) 434-4070
 Fax: (715) 284-0375

COURT STAFF
 Chief Justice
 Todd R. Matha, Wanašip
 Associate Justice
 Tricia A. Zunker, Hinųk pij
 Associate Justice
 Samantha C. Skenandore, Ciina\k Ma\ani
 Supreme Court Clerk – Lisa M. Peters

HCN Bar No. _____ [for office use only]

HO-CHUNK NATION BAR MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

Current employer:		
Title/Position:		
Employer address: Mailing/P.O. Box:		How long?
City:	State:	ZIP Code:
Phone:	E-Mail:	Fax:
Company Website:		

LEGAL EDUCATION & BAR MEMBERSHIP

Law School Attended & Dates of Attendance, if applicable:		
Lay Advocate Training & Date of Completion, if applicable:		
State/s Admitted:	Juris Number/s:	Date/s Admitted & Status (active, inactive, etc.)

Tribal Bar membership(s). Provide the following information for each Tribal Court in which you have been admitted to practice: Name, address, phone, date of admission, and current status (active, inactive, good standing, etc.). Attach a continuation sheet if necessary.

Other Jurisdictions Admitted and Dates:

*** APPLICANT MUST ATTACH LETTERS OF GOOD STANDING AND COPIES OF MEMBERSHIP CARDS, IF ISSUED, FOR EACH JURISDICTION ADMITTED TO PRACTICE**

CRIMINAL & DISCIPLINARY HISTORY

Have you ever been convicted of a criminal charge other than a traffic offense? _____ Yes _____ No		
If so, list each conviction and initial charge, if different, and submit a copy of the arrest report and all other documents relevant to your conviction. Attach a continuation sheet, if necessary.		
Convicted of:	Date of Conviction:	Forum/Court & Disposition:
Have you ever been bonded under a surety bond? _____ Yes _____ No	If so, has anyone ever sought to recover on or cancel such bond? _____ Yes _____ No	If yes, explain on a continuation sheet.

HO-CHUNK NATION BAR MEMBERSHIP APPLICATION

Are there any pending criminal charge/s against you? ____ Yes ____ No	If yes, provide the initial charge/s, date of charge, date of offense:	Status of case/s:
Has disciplinary action ever been imposed against you, including but not limited to denial, deprivation, disbarment or suspension of your ability to practice law in any jurisdiction? ____ Yes ____ No	If yes, please explain and attach a continuation sheet as necessary.	Are there any rehabilitative or disciplinary requirements related to any and all criminal charges, convictions and disciplinary actions? ____ Yes ____ No If yes, provide a detailed explanation on a continuation sheet, including a status update and any personal statements you wish the Court to consider.

CHARACTER OR PROFESSIONAL REFERENCES

Name/Title/Company:	Address & Email:	Phone:
1.		
2.		

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ (print name), hereby consent and authorize the Ho-Chunk Nation Supreme Court the full authority to (1) verify the information provided in this form as to my credit, professional memberships, criminal history and employment, and (2) authorize the release of any information in the possession of:

(print name of organization/s to whom request will be submitted) relevant to my application to the Ho-Chunk Nation Bar. This includes, but is not limited to, records reflecting my standing in other bar associations and records reflecting my character and fitness to practice law. This release is effective from ____/____/____ (insert date) until ____/____/____.

Signature of applicant

Date

CERTIFICATION OF APPLICANT

By making this Application for admission to the Ho-Chunk Nation Bar, I consent that the Ho-Chunk Nation Supreme Court may verify, at their sole discretion, any and all information I have provided herein and understand that I have a continuing obligation to keep the Ho-Chunk Nation Supreme Court timely advised in writing of any changes in or additions to the information provided in this Application. I agree to provide any additional information requested by the Ho-Chunk Nation Supreme Court in consideration of my application. I understand that it is my responsibility to be familiar with the Tribal laws applicable to any matter in which I appear as an Attorney/Advocate within the jurisdiction of the Ho-Chunk Nation. If admitted, I agree to have my name and updated contact information placed on a Court-maintained list of Ho-Chunk Nation Bar members who may be contacted for private representation. The Supreme Court, in its discretion, may deny an application for a failure to adequately provide the above-requested information, including any mischaracterization thereof. I certify that all information I have provided in the Application is true and correct and attest that I have received a copy of this Application.

Signature of applicant

Date:

FEE FOR APPLICATION: \$50.00

PLEASE MAKE CHECKS PAYABLE TO: Ho-Chunk Nation Supreme Court
 Wa Ehi Hoci
 P.O. Box 70
 W9598 Highway 54 East
 Black River Falls, WI 54615