



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

**REQUEST FOR WAIVER OF
SILETZ TRIBAL BAR EXAM AND
ANNUAL SPOKESPERSON FEE**

CASE NO.

Court Address
P.O. Box 549
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399 ext 1228
(541) 444-8228

Petitioner

Respondent

V

I, _____, will be appearing on behalf of the Petitioner in this matter.

I have reviewed the Siletz Tribal Court Procedures. You may find the CTSI ordinances at: www.ctsi.nsn.us

I meet the qualifications for Spokespersons to practice before the Siletz Tribal Court as required by Siletz Tribal Court Rules and Procedures §3.022.

I am requesting a waiver of the Siletz Tribal Bar exam because: _____

I am requesting a waiver of the Spokesperson fee because: _____

Dated this _____ day of _____ 20__.

Signature of Applicant

WAIVER GRANTED ()

DENIED ()

PARTIAL WAIVER ()

OTHER ()

SIGNED this _____ day of _____ 20__.

Calvin E. Gantenbein, Chief Judge
Siletz Tribal Court