



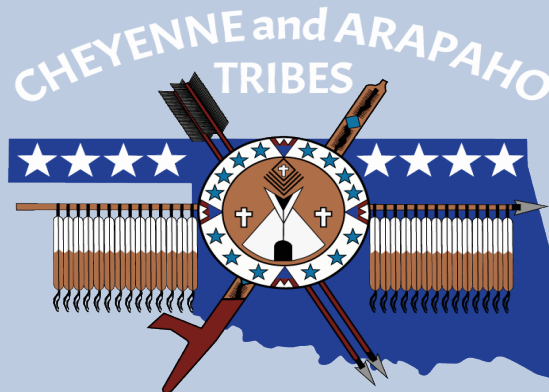
Office Use Only

Applicant Name _____

Application Number: _____

Application for Legal Aid Program

Cheyenne and Arapaho Tribes – Tribal Justice Center



JUDICIAL BRANCH

LEGAL AID PROGRAM OF THE CHEYENNE AND ARAPAHO TRIBES

100 W. Black Kettle Boulevard

P.O. Box 102

Concho, OK 73022

Phone: 405-422-7450

Fax: 405-422-8259

Email: lwhitecrow@cheyenneandarapaho-nsn.gov

APPLICATION FOR LEGAL AID PROGRAM

I hereby make an application for legal aid services to the Cheyenne and Arapaho legal aid program. I acknowledge that as an applicant for admission to the Cheyenne and Arapaho Tribes Legal Aid Program I have an affirmative duty to complete the application by responding to the questions herein truthfully, fully, and completely. I also acknowledge that my failure to complete the application by responding to the questions herein truthfully, fully and completely, will result in denial of the application for admission. Also any and all supporting documentation must accompany the application in order for it to be acknowledged as complete. No applications will be processed unless any and all available documentation is submitted.

1. MR. MS. _____
FIRST MIDDLE LAST

Please list any other name/ alias you have gone by

2. Date of birth: ____/____/____ Birth City: _____ Birth State: _____

3. Address of Record and Contact Information (For internal program use only)

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Personal Email Address: _____

Driver's License Number: _____ State: _____

Suspended: YES NO Reason: _____

Enrolled Member of Cheyenne and Arapaho Tribes: YES NO

Marital Status: SINGLE: MARRIED: SEPERATED: DIVORCED:

SPOUSE Address: _____

City: _____ State: _____ Zip Code: _____

SPOUSE Home Number: _____ Cell: _____

Type of case: CRIMINAL FELONY MISDEMEANOR

Charge: _____

Case Number: _____ Motion to Accelerate or Revoke: YES NO

Court and County: _____

Next Court Date: _____ Type of Hearing: _____

Bond Posted: YES NO IF YES, Amount: \$ _____

Name of Bondsman: _____

Are you the only defendant: YES NO

Names of other defendants:

Description of Incident (list names of all other individuals involved):

Have you previously had an attorney assist you with this case: YES NO

If yes, what is the reason for seeking new representation:

Name of previous Attorney: _____

Other Pending Legal Matters: YES NO

Case 1 Type: _____ Court: _____

Case 2 Type: _____ Court: _____

Are you currently on Probation: YES NO

Court: _____ Length of Probation: _____

Charge: _____

Previous Criminal History:

Number of People in Household: _____

Employed: YES NO

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Extension: _____

Applicant understands that submission of this application does not imply retaining of attorney. Once the legal aid program reviews application and all required documentation then a decision will be made and the applicant will be notified. For application to be considered for approval all supporting documentation must be attached with application at time of submission or it will not be processed. It is the responsibility of the application to have all documents submitted to the legal aid programs.

Signature: _____ Date: _____

Required Attachments

At the time of application for the legal aid program is submitted, the applicant shall also provide the following additional documentation:

1. A copy of *Certification of Indian Blood (CDIB)*
2. A copy of a *Driver's License or State Issued ID*
3. Which County is your case in? _____

Please submit your application and supporting documents in-person at the Cheyenne and Arapaho Tribal Justice Center located at 100 W. Black Kettle Boulevard in Concho, OK, or by mail to P.O. Box 102 in Concho, OK 73022 or fax at 405-422-8259.