Gun Lake Tribal Court

Chief Judge: Michael Petoskey

2873 Mno Bmadzewen Dr.
Shelbyville, MI 49344

Phone: (269) 397-1630
Fax: (269) 397-1631

AFFIDAVIT AND OATH OF ADMISSION

I, _____, have submitted an *Application and Affidavit for Admission to Practice* before the Gun Lake Tribal Court and solemnly swear to the following:

1. That I will support the Constitution of the United States and the Constitution and Bylaws of the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians (Gun Lake Tribe);

2. That I will maintain the respect due to the Tribal Court and its judicial officers;

3. That I will not counsel or maintain any suit or proceeding which shall appear to me to be unjust, nor any defense except such as I believe to be honestly valid or debatable under the law;

4. That I will employ for the purpose of maintaining the causes confided to me such means only as are consistent with truth and honor, and I will never seek to mislead any Judge or jury by any artifice, or by false statement or misrepresentation of fact or law;

5. That I will employ in the conduct of my duties the highest degree of ethics and moral standards with which my profession is charged, and I will be guided at all times by the quest for truth and justice; and

6. That in the conduct of my duties as an attorney, I will not impugn the morals, character, honesty, good faith, or competence of any person, nor advance any fact prejudicial to the honor or reputation of any person, unless required by the justice of the cause with which I am charged.

Date: _____ _____

*** Acknowledgement on the following page*

ACKNOWLEDGEMENT

THE STATE OF _____)
) ss.
COUNTY OF _____)

_____, in said County and State, personally appeared before on this date and subscribed and sworn to me the forgoing *Affidavit and Oath of Admission*, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this ____ day of _____ 20____.

Signature: _____

Printed Name: _____

County of: _____

State of: _____

Commission Expiration: _____