



Gun Lake Tribal Court

1743 142nd Ave., Suite 7
PO Box 218
Dorr, MI 49323

Phone: (616) 681-8830
Fax: (616) 681-8836
Chief Judge: Michael Petoskey

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.

Signature of Affiant

Date

***Acknowledgement on following page*

ACKNOWLEDGEMENT

THE STATE OF _____
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: _____