



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

**REQUEST FOR WAIVER OF  
SILETZ TRIBAL BAR EXAM  
REQUEST FOR WAIVER OF  
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. CTSI ordinances: [www.ctsi.nsn.us](http://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 annual 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