**MINNESOTA AMERICAN INDIAN BAR ASSOCIATION**

**JUDICIAL ENDORSEMENT APPLICATION**

(E-mail to: maibaendorsement@gmail.com. Please include in subject line: MAIBA Judicial Endorsement Application and your last name. Please include all application materials in one email if possible.)

1. LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TRIBAL AFFILIATION (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENROLLED: \_\_\_\_\_ yes \_\_\_\_\_\_ no

MAIBA MEMBER: \_\_\_\_\_ regular member \_\_\_\_\_ special member \_\_\_\_\_\_ not a member

Member since: \_\_\_\_\_\_ MAIBA involvement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. POSITION SOUGHT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE BY WHICH ENDORSEMENT MUST BE RECEIVED IN ORDER TO BE CONSIDERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME, TITLE, AND ADDRESS OF PERSON TO WHOM ENDORSEMENT LETTER SHOULD BE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. BUSINESS/GOVERNMENT TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRM/OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. MINNESOTA BAR ADMISSION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BAR NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER COURTS OF ADMISSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. HAVE YOU PREVIOUSLY SOUGHT MAIBA ENDORSEMENT? \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

IF YES: date endorsement sought: \_\_\_\_\_\_\_ Was endorsement received? \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

1. Please answer the following completely and to the best of your ability. You may include other information that you would like MAIBA to consider. Please attach additional pages as needed.
	1. Describe your background as it relates to your ties to the American Indian community and why you seek endorsement from MAIBA.
	2. Describe the nature of your current practice, including any areas of emphasis and specialization. If your practice is substantially different now from in the past, give the details of your prior practice.
	3. Describe the nature and extent of your involvement in organizations relating to the legal profession.
	4. Describe the nature and extent of your involvement in organizations outside of the legal profession.
	5. Describe your character, work ethic, and professional reputation.
	6. Please list three references that we may contact (MAIBA members if possible).
	7. Please indicate whether you would be comfortable with MAIBA publicizing endorsement if your application is approved, and explain why or why not.

Attachment: Please provide a copy of your current resume or CV. You may also include any pertinent writing samples and/or a copy of the completed judicial application.

**Certification of Information Provided**

I represent that all statements herein, as well as in the documents attached hereto, are true and correct to the best of my knowledge.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_