**POSTING FOR THE**

**ASSOCIATE JUSTICE OF THE NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT**

**SUMMARY**:

The Nottawaseppi Huron Band of the Potawatomi seeks an Associate Justice for the Supreme Court of the Tribe to be appointed for an approximate term of six (6) years (January 1, 2019-December 31, 2024). This is a part-time position and will be compensated on an hourly basis. The NHBP Constitution requires that Supreme Court Justices must: have attained the age of thirty (30); be a licensed attorney in good standing; cannot be a Member of Tribal Council or running for a Tribal Council position or a Tribal employee; and never been convicted of, or entered a plea of guilty or no contest to, a violent crime, felony, or a crime of fraud. Candidates must have experience in the practice of Indian law, whether in tribal, state or federal court(s). Judicial experience and 5 or more years experience as a licensed attorney and/or judge is preferred. NHBP affords preference to candidates who are enrolled citizens of NHBP or other federally-recognized Indian tribes in accordance with NHBP’s Indian Preference in Employment Code. Applicants must submit a letter of interest, resume/curriculum vitae and complete the Affirmation(s) that the applicant meets the requirements for appointment under NHBP Constitution. Documents must be submitted to the Legal Department no later than 5:00 P.M. on October 5, 2018. Applications may be submitted via mail or e-mail to: William Brooks, NHBP Chief Legal Counsel at: 1485 Mno-Bmadzewen Way, Fulton, MI 49052 or bbrooks@nhbpi.com. Applicants will also be required to submit to a background investigation and drug screen before confirmation of appointment.

**Nottawaseppi Huron Band of the Potawatomi**

**Application for the Position of**

**Associate Justice of the Supreme Court**

**Affirmation of Constitutional Requirements**

I hereby affirm that:

□ I am thirty (30) years of age or older

□ I am a licensed attorney in good standing

 □ I am licensed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being admitted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Jurisdiction) (date)

□ I am not a Member of the Nottawaseppi Huron Band of the Potawatomi Tribal Council

□ I am not running for a Nottawaseppi Huron Band of the Potawatomi Tribal Council position

□ I am not a Nottawaseppi Huron Band of the Potawatomi Tribal employee

□ I have never been convicted of, or entered a plea of guilty or no contest to, a violent crime

□ I have never been convicted of, or entered a plea of guilty or no contest to, a felony

□ I have never been convicted of, or entered a plea of guilty or no contest to, a crime of fraud

I affirm that the information provided in this Affirmation of Constitutional Requirements is true.

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

Signature Date

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

Name (Please Print)

**Nottawaseppi Huron Band of the Potawatomi**

**Application for the Position of**

**Associate Justice of the Supreme Court**

**Affirmation of Constitutional Requirements**

**Supplemental Page of All Jurisdictions Where Licensed**

I hereby affirm that:

I □ am □ was licensed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Jurisdiction), being admitted on \_\_\_\_\_\_ (date)

 □ I am in good standing in this jurisdiction

□ I am no longer licensed in this jurisdiction

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

□ I was in good standing when I stopped being licensed in this jurisdiction

□ I was not in good standing when I stopped being licensed in this jurisdiction

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

I □ am □ was licensed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Jurisdiction), being admitted on \_\_\_\_\_\_ (date)

 □ I am in good standing in this jurisdiction

□ I am no longer licensed in this jurisdiction

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

□ I was in good standing when I stopped being licensed in this jurisdiction

□ I was not in good standing when I stopped being licensed in this jurisdiction

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

I affirm that the information provided in this “Affirmation of Constitutional Requirements – Supplemental Page of Jurisdictions Where Licensed” is true.

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

Signature Date

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

Name (Please Print)