



Bureau of Indian Affairs – Office of Justice Services
Division of Tribal Justice Support



TRAINING ANNOUNCEMENT:

Training Program: Tribal Court Trial Advocacy Training Program

Training Date: October 23-25, 2012

Training Location: Holiday Inn Canyon de Chelly, Chinle, AZ

Course Description: Through lecture and practical exercises, the course will provide instruction on Trial Preparation, Direct examination, Opening Statements, Exhibits and Evidentiary Foundations, Cross Examination, Impeachment, Closing arguments, Opposing Strategies, and Sentencing Considerations. This program's training emphasis will be on Domestic Violence. The Target Training Audience is: Tribal Court Judges, Tribal Court Prosecutors, and Tribal Court Public Defenders. **Training Partners include: BIA Division of Courts, DOJ U.S. Attorney's Offices, DOJ Access to Justice Initiative, United States Office of Defender Services with Federal Public Defenders Office.**

Cost: Tuition is Free; Participant's Agency is responsible for Travel, Lodging, and per Diem costs associated with attending this program. *The Navajo Nation will provide van service to and from the Chapter House where the conference will be held.*

Training Registration Process: All applicants must submit a Training Application via and fax to (505-563-3090). All applications must be signed by an approving official. **Applicants will receive a selection letter from the BIA to confirm the applicant has been registered to attend this training program.** Scanned applications may be sent via e-mail to: danica.kaydahzinne@bia.gov

Lodging Recommendations: Holiday Inn Canyon de Chelly BIA Rt. 7 –Garcia Trading Post, PO Box 1889, Chinle, AZ 86503. A Block of Rooms has been set aside under the BIA Group Code **BOI**. Please call (866) 306-5449 for reservations.

Contact Information: Questions regarding this training program can be made to: Wanda Brunson, Tribal Justice Support at (202) 513-7649 or Wanda.Brunson@bia.gov



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Advanced Training Application

* To ensure receipt of training updates please provide legible information

Name of Training Course: _____ Date of Course: _____

Location of Training: City _____ State _____

Name of Applicant: _____ Title: _____

Mailing Address: _____

E-Mail Address (Please Print): _____ Telephone Number: _____

Emergency Contact: _____ Telephone Number: _____

Description of Duties:

Name of Department: _____

Address of Department: _____

Name of Supervisor: _____ Telephone Number: _____

Applicant Signature