



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: January 15 - 17, 2013

Training Location: Sheraton Albuquerque Uptown

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 trafficking in illegal narcotics and gangs. 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, and 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.

Training Registration Process: All applicants must submit a U.S. Indian Police Academy Training Application via Fax (505-563-3090). All applications must be signed by an approving official. **Applicants will receive a selection letter from the BIA Indian Police Academy 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: 2600 Louisiana Boulevard NE, Albuquerque, NM 87110. A block of rooms have been set aside under Tribal Courts Trial Advocacy Training. Please call (800) 325-3535 for reservations.

Contact Information: Questions regarding this training program can be made to: Wanda Brunson Office of 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