



**ADR-RULE 114 NEUTRAL ROSTER
INDIVIDUAL APPLICATION FORM**

Complete form and mail along with the **\$70.00 non-refundable processing fee to:**

**Alternative Dispute Resolution Program
135 Minnesota Judicial Center
25 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155-1500
adr@courts.state.mn.us**

Make check or money order payable to: **State of Minnesota**
Confirmation will be sent via email upon approval.

**PART A: GENERAL INFORMATION FOR ALL APPLICANTS
SECTION 1: CONTACT INFORMATION**

Name: _____
Occupation*: _____
Address: _____
City/State/Zip: _____
Phone: _____ E-mail: _____

(The contact information provided on this form becomes a public record and will be published on the Rule 114 roster on the mncourts.gov website)

*If you are a retired judge/referee your experience on the bench qualifies you to be placed on the Civil Adjudicative/Evaluative and Family Adjudicative rosters (a domestic abuse course is still required for the family adjudicative panel). Indicate your judicial experience under occupation.

SECTION 2: LICENSE INFORMATION

All questions *must* be answered in this section for application to be processed. Failure to comply will delay the processing of the application.

- Are you licensed as an attorney by the State of Minnesota? No Yes
 - o If yes, indicate Attorney ID # _____ and CLE Reporting Period 1 2 3

- Are you licensed by any other professional boards? No Yes NA
 - o If yes, indicate professional board: _____

- Is your professional license currently suspended? No Yes NA
 - o If yes, please provide effective dates for the suspension: _____

I certify I have not had a professional license revoked, I have not been refused membership or practice rights in a profession, nor have I been involuntarily banned, dropped, or expelled from any profession.

Signature _____
Date

**Typographical signatures shall be treated as a personal signature and shall be in the form /s/ Pat. L. Smith*

SECTION 3: PLACEMENT REQUEST

Please indicate the neutral roster categories for which you are requesting placement by checking the box:

Civil Roster Categories	Complete the sections below for each category in the left column
<input type="checkbox"/> CIVIL FACILITATIVE/HYBRID (Mediation, Mini-Trial, Med-Arb, Arb-Med, Other)	Part B Civil Roster Sections 1 & 2; Part D; Part E
<input type="checkbox"/> CIVIL ADJUDICATIVE/ EVALUATIVE (Arbitration, Consensual Special Magistrate, Summary Jury Trial, Early Neutral Evaluation, Non-Binding Advisory Opinion, Neutral Fact Finding)	Part B Civil Roster Sections 1 & 3; Part D; Part E

Family Roster Categories	Complete the sections below for each category in the left column
<input type="checkbox"/> FAMILY LAW FACILITATIVE/HYBRID (Mediation, Med-Arb, Arb-Med, Other)	Part C Family Roster Sections 1 & 2; Part D; Part E
FAMILY LAW HYBRID (Parenting Time Expeditor, Parenting Time Consultant)	
<input type="checkbox"/> Parenting Time Expeditor (PTE)	Part C Family Roster Sections 1, 2 & 3; Part D; Part E
<input type="checkbox"/> Parenting Consultant (PC)	Part C Family Roster Sections 1, 2 & 3; Part D; Part E
FAMILY LAW EVALUATIVE/HYBRID (Social Early Neutral Evaluation, Financial Early Neutral Evaluation, Moderated Settlement Conference)	
<input type="checkbox"/> Social Early Neutral Evaluation (SENE)	Part C Family Roster Sections 1, 2 & 4A; Part D; Part E
<input type="checkbox"/> Financial Early Neutral Evaluation (FENE)	Part C Family Roster Sections 1, 2, 4A & B; Part D; Part E
<input type="checkbox"/> Moderated Settlement Conference (MSC)	Part C Family Roster Sections 1, 2, 4A, B, &/or C; Part D; Part E
<input type="checkbox"/> FAMILY LAW ADJUDICATIVE (Arbitration and Consensual Special Magistrate)	Part C Family Roster Sections 1 & 5; Part D; Part E

PART B: CIVIL ROSTER
SECTION 1: CIVIL LAW AREAS OF EXPERIENCE

Indicate your areas of civil law experience for listing on the Minnesota Supreme Court website's searchable roster (***you must choose at least one***).

- | | |
|---|--|
| <input type="checkbox"/> Bankruptcy/Creditor-Debtor | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Business/Commercial | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Complex Litigation | <input type="checkbox"/> Pro. Liability/Mal. |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Securities |
| <input type="checkbox"/> General Civil | <input type="checkbox"/> Trusts & Estates |

SECTION 2: CIVIL FACILITATIVE/HYBRID

Indicate the 30-hour certified civil course you attended.

Course Dates: (xx/xx/xx) – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
--	---------------	-----------------	---------------

*Course dates must include month, day, and year for application to be processed. Course must have been taken within one year of application date.

SECTION 3: CIVIL ADJUDICATIVE/EVALUATIVE

Indicate the 6-hour certified civil course you attended.

Course Dates: (xx/xx/xx) – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
--	---------------	-----------------	---------------

*Course dates must include month, day, and year for application to be processed. Course must have been taken within one year of application date.

PART C: FAMILY ROSTER

SECTION 1: FAMILY LAW AREAS OF EXPERIENCE

Indicate your areas of family law experience for listing on the Minnesota Supreme Court website's searchable roster (***you must choose at least one***).

- | | |
|--|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Parenting Time/Child Visitation |
| <input type="checkbox"/> Child Custody | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Post-Dissolution Matters |
| <input type="checkbox"/> Dissolution/Divorce | <input type="checkbox"/> Spousal Maintenance |
| <input type="checkbox"/> General Family Law | <input type="checkbox"/> Valuation of Property |

SECTION 2: FAMILY LAW FACILITATIVE / HYBRID

Indicate the 40-hour certified family law course you attended.

Course Dates: (xx/xx/xx) – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
--	---------------	-----------------	---------------

*Course dates must include month, day, and year for application to be processed. Course must have been taken within one year of application date.

If the above course(s) did not include 6 hours of certified domestic abuse issues training, indicate the certified domestic abuse course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
--------------------------------------	---------------	-----------------	---------------

*Course dates must include month, day, and year for application to be processed. Course must have been taken within one year of application date.

SECTION 3: FAMILY LAW HYBRID (PARENTING TIME EXPEDITOR (PTE) AND PARENTING CONSULTANT (PC))

*To be included on the Family Law Hybrid PTE and/or PC Roster, you **must** be included on the Family Law Facilitative Roster (Section 2). To qualify, you must have at least five years of professional experience working with high conflict couples in the area of family law and be recognized as a qualified practitioner in your field.

I am attaching the following as proof of recognition as a qualified practitioner in my field:

- Professional licensure
- Professional certification
- Faculty membership of approved continuing education courses related to high conflict couples
- Proof of acceptance by peers as an expert in your field

Indicate the 12 hour certified parenting time expeditor (PTE) course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
--------------------------------------	---------------	-----------------	---------------

*Course dates must include month, day, and year in order for application to be processed. Course must have been taken within one year of application date.

Indicate the 18 hour certified parenting consultant (PC) course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
--------------------------------------	---------------	-----------------	---------------

*Course dates must include month, day, and year in order for application to be processed. Course must have been taken within one year of application date.

Describe your experience working with high conflict couples in the area of family law. A minimum of 5 years' experience is required.

SECTION 4: FAMILY LAW EVALUATIVE/HYBRID (SOCIAL EARLY NEUTRAL EVALUATION (SENE), FINANCIAL EARLY NEUTRAL EVALUATION (FENE), MODERATED SETTLEMENT CONFERENCE (MSC))

To qualify, you must have at least five years of professional experience in the area of family law and be recognized as a qualified practitioner in your field.

I certify that I have five years of professional experience in the family law area.

Signature

Date

**Typographical signatures shall be treated as a personal signature and shall be in the form /s/ Pat. L. Smith.*

A. SOCIAL EARLY NEUTRAL EVALUATION (SENE)

*To be included on the SENE Roster, you **must** be included on the Family Law Facilitative Roster.

Indicate the 12 hour certified SENE course you attended.

Course Dates: (xx/xx/xx) - xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:

*Course dates must include month, day, and year in order for application to be processed. Course must have been taken within one year of application date.

Have you observed (a "ride-along") at least two SENEs? No Yes

*Neutrals performing SENE **must** have observed at least two SENEs. "Ride-along" means observation of a real-life ADR process, including observation by remote means, conducted by a Qualified Neutral. With consent of the parties and under the supervision of the Qualified Neutral, the ride-along may also include participation in the ADR process.*

B. FINANCIAL EARLY NEUTRAL EVALUATION (FENE)

*To be included on the FENE Roster, you **must** be included on the SENE Roster.

Indicate the 5 hour certified FENE course you attended.

Course Dates: (xx/xx/xx) - xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:

*Course dates must include month, day, and year in order for application to be processed. Course must have been taken within one year of application date.

Have you observed (a ride-along) at least two FENEs? No Yes

*Neutrals performing FENE **must** have observed at least two FENEs. "Ride-along" means observation of a real-life ADR process, including observation by remote means, conducted by a Qualified Neutral. With consent of the parties and under the supervision of the Qualified Neutral, the ride-along may also include participation in the ADR process.*

C. MODERATED SETTLEMENT CONFERENCE (MSC)

Indicate the 4 hour certified MSC course you attended.

Course Dates: (xx/xx/xx) - xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:

*Course dates must include month, day, and year in order for application to be processed. Course must have been taken within one year of application date.

Have you observed (a ride-along) at least one MSC? No Yes

*Neutrals performing MSC **must** have observed at least one MSC. "Ride-along" means observation of a real-life ADR process, including observation by remote means, conducted by a Qualified Neutral. With consent of the parties and under the supervision of the Qualified Neutral, the ride-along may also include participation in the ADR process.*

I am attaching the following as proof of recognition as a qualified practitioner in my field:

- Professional licensure
- Professional certification
- Faculty membership of approved continuing education courses related to high conflict couples
- Proof of acceptance by peers as an expert in your field

OR; Describe you how you are recognized as a qualified practitioner in your field:

Any Neutral already listed on the Family Law Evaluative/ Hybrid Roster SENE and/or FENE may alternatively satisfy the training requirements for the MSC Roster by completing either of the following:

- I have observed at least one MSC; OR
- I have completed a one-hour MSC classroom training

I affirm that I meet the requirements above

Signature

Date

**Typographical signatures shall be treated as a personal signature and shall be in the form /s/ Pat. L. Smith.*

SECTION 5: FAMILY LAW ADJUDICATIVE

To qualify, you must have at least five years of professional experience in the area of family law and be recognized as a qualified practitioner in your field.

I certify that I have five years of professional experience in the family law area.

Signature

Date

**Typographical signatures shall be treated as a personal signature and shall be in the form /s/ Pat. L. Smith.*

I am attaching the following as proof of recognition as a qualified practitioner in my field:

- Professional License
- Professional Certificate
- Faculty membership of approved continuing education courses for family law
- Service as court-appointed adjudicative neutral
- Service as referee or guardian ad litem
- Acceptance by peers as expert in this field
- Other: _____

Indicate the 6 hour certified family adjudicative course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
---	---------------	-----------------	---------------

*Course dates must include month, day, and year in order for application to be processed. Course must have been taken within one year of application date.

Indicate the 6 hour certified domestic abuse course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
---	---------------	-----------------	---------------

*Course dates must include month, day, and year in order for application to be processed. Course must have been taken within one year of application date.

PART D: COUNTY PREFERENCE

Indicate those counties in which you are willing to provide ADR services. Do not check “all 87 counties” if you are unwilling to provide services in a specific county.

All 87 counties

All 7 metro counties (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington)

The following individual counties: (select the specific counties)

- | | | | |
|-------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Aitkin | <input type="checkbox"/> Fillmore | <input type="checkbox"/> Martin | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Anoka | <input type="checkbox"/> Freeborn | <input type="checkbox"/> McLeod | <input type="checkbox"/> Roseau |
| <input type="checkbox"/> Becker | <input type="checkbox"/> Goodhue | <input type="checkbox"/> Meeker | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Beltrami | <input type="checkbox"/> Grant | <input type="checkbox"/> Mille Lacs | <input type="checkbox"/> Sherburne |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Hennepin | <input type="checkbox"/> Morrison | <input type="checkbox"/> Sibley |
| <input type="checkbox"/> Big Stone | <input type="checkbox"/> Houston | <input type="checkbox"/> Mower | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Blue Earth | <input type="checkbox"/> Hubbard | <input type="checkbox"/> Murray | <input type="checkbox"/> Stearns |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Isanti | <input type="checkbox"/> Nicollet | <input type="checkbox"/> Steele |
| <input type="checkbox"/> Carlton | <input type="checkbox"/> Itasca | <input type="checkbox"/> Nobles | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Carver | <input type="checkbox"/> Jackson | <input type="checkbox"/> Normal | <input type="checkbox"/> Swift |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Kanabec | <input type="checkbox"/> Olmsted | <input type="checkbox"/> Todd |
| <input type="checkbox"/> Chippewa | <input type="checkbox"/> Kandiyohi | <input type="checkbox"/> Otter Tail | <input type="checkbox"/> Traverse |
| <input type="checkbox"/> Chisago | <input type="checkbox"/> Kittson | <input type="checkbox"/> Pennington | <input type="checkbox"/> Wabasha |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Koochiching | <input type="checkbox"/> Pine | <input type="checkbox"/> Wadena |
| <input type="checkbox"/> Clearwater | <input type="checkbox"/> Lac Qui Parle | <input type="checkbox"/> Pipestone | <input type="checkbox"/> Waseca |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Lake | <input type="checkbox"/> Polk | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cottonwood | <input type="checkbox"/> Lake of the Woods | <input type="checkbox"/> Pope | <input type="checkbox"/> Watonwan |
| <input type="checkbox"/> Crow Wing | <input type="checkbox"/> Le Sueur | <input type="checkbox"/> Ramsey | <input type="checkbox"/> Wilkin |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Red Lake | <input type="checkbox"/> Winona |
| <input type="checkbox"/> Dodge | <input type="checkbox"/> Lyon | <input type="checkbox"/> Redwood | <input type="checkbox"/> Wright |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Mahnommen | <input type="checkbox"/> Renville | <input type="checkbox"/> Yellow Medicine |
| <input type="checkbox"/> Faribault | <input type="checkbox"/> Marshall | <input type="checkbox"/> Rice | |

PART E: SIGNATURE

I do hereby affirm the information in this application is true and complete. I acknowledge that I have read Rule 114 of the Minnesota General Rules of Practice and agree to follow its requirements and understand that I am subject to the jurisdiction of the ADR Ethics Board. I affirm that I will uphold my ethical obligation under Rule 114.13, the Code of Ethics for Court-Annexed ADR Neutrals.

Signature

Date

**Typographical signatures shall be treated as a personal signature and shall be in the form /s/ Pat. L. Smith.*