1. **Applicant Demographics and ENE Provider Training**

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| **Name as it should appear on roster(s):** |  |
| **For which ENE program(s) are you applying?** | Hennepin  Non-Family Services SENE |
| **Preferred telephone contact number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This is a(n)  office  cell  home phone. |
| **Secondary telephone contact number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This is a(n)  office assistant’s  cell  home phone. |
| **Email address for a court correspondence:** |  |
| **Name of firm/professional practice:** |  |
| **Mailing address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This is a(n)  office  home address. |
| **Office address if available to perform ENEs:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This office  can  cannot accommodate Domestic Violence issues (has 2 or more conference rooms and separate entrances or the ability to stager arrival times?) |
| **Are you willing to handle Domestic Violence issues?** |  Yes  No |
| **Write/type out all of your contact information which you would like provided to parties/attorneys on the roster:** |  |
| **Are you fluent in any language(s) besides English?** |  No.  Yes. If yes, which language(s)?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Initial SENE Provider Training:** | SENE Training Dates and Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I completed this training as a  participant  instructor My training appears correctly on the Master Training Roster available online: http://mncourts.gov/Help-Topics/ENE-ECM.aspx#tab04ProviderTraining.  My training does not appear correctly on the Master Training Roster, but my certificate(s) of completion is/are attached to this application. |
| **For SENE Applicants Only:** | My gender for purposes of provider pairing:  Male  FemaleI agree to be paired with all opposite-gendered members of the roster(s) to which I am applying.  Yes  No |

1. **Rule 114 Qualification, Ride-alongs and Experience in Other Programs**

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| **Do you appear on the State ADR Board’s Roster of Rule 114 Qualified Neutrals? (http://mncourts.gov/Help-Topics/AlternativeDisputeResolution.aspx)** |  Yes, as a Mediator. Yes, as a Mediator and an Evaluator. Yes, as an Evaluator. No. |
| **Have you ever received a public reprimand issued by the ADR Ethics Board?** |  No. Yes. If yes, attach an explanation on an additional sheet of paper. |
| **Have you ever been removed from the State ADR Roster by the ADR Ethics Board?** |  No. Yes. If yes, attach an explanation on an additional sheet of paper. |
| **Are you currently in good standing with the ADR Ethics Board?** |  Yes. No. If no, attach an explanation on an additional sheet of paper. |
| **SENE two-provider Ride-alongs:** | SENE Ride-along #1:Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_With Provider A:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SENE Ride-along #2:Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_With Provider A:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am requesting a waiver of the SENE Ride-along requirement based on my experience performing court-ordered two-provider SENEs in (an)other Program(s) as a SENE Provider. |
| **Membership on other ENE Program Rosters:** | I am/was a member of the following ENE Program Rosters:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past |
| **Performance of court-ordered ENEs as a member of the ordering court’s SENE Roster:** | I have performed the following number of court-ordered ENEs in this/these Program(s) as a member of the ordering court’s ENE Roster: County:\_\_\_\_\_\_\_\_\_ # of SENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of SENEs:\_\_\_\_\_\_\_. County:\_\_\_\_\_\_\_\_\_ # of SENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of SENEs:\_\_\_\_\_\_\_. |
| **Have you Ever been removed from an ENE roster for any reason?** |  No. Yes. If yes, attach an explanation on an additional sheet of paper. |

1. **Licensure and Experience in Family Law**

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| **Are You a Licensed Attorney or Retired Attorney?** |  No, I have never been a licensed attorney. Yes. MN Attorney License #:\_\_\_\_\_\_\_\_\_\_\_\_; additional states and license #s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If yes, are you in good standing with the Professional Responsibility Board of each state in which you are, or were, licensed? Yes. No. If no, attach an explanation on an additional sheet of paper.If yes, have you ever had any form of public discipline against you as an attorney, including, but not limited to, public reprimand, license suspension, or license revocation? No. Yes. If yes, attach an explanation on an additional sheet of paper.If you are a retired attorney, are you retired with a license in good standing? No. Yes.  |
| **Are You a Licensed Mental Health, Social Worker, Therapist, Certified Public Accountant, or other Professional License?** |  No, I do not now have, and have never had, any professional license. Yes, I have or have had a professional license.If yes, attach a copy of your license and the following information for each license on a separate sheet of paper:1. type of license;
2. year first granted;
3. name of granting board or authority;
4. for each license, also answer the following questions:
	1. Are you in good standing with the granting board or authority for each license? If no, include an explanation.
	2. Have you ever had any form of public discipline against your professional license, including, but not limited to, public reprimand, license suspension, or license revocation? If yes, include an explanation.
 |
| **Work Experience:** | Number of years working substantially with families in divorce- or custody- related work?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary nature of your work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach additional paper if needed) |
| **Ability to Give a Valid Evaluative Opinion:** | Please attach an explanation as to *why you believe you possess enough expertise/experience to give a valid evaluative opinion as to what a court would do in a family law case* involving *custody and parenting time* (if applying for SENE). |

1. **Acknowledgements**

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| **Sign in the right-hand box to indicate your acknowledgement and agreement to each statement.** |
| I acknowledge and agree to the fee scale(s) of the program(s) to which I am applying, which is/are available on the County’s/Counties’ ECM-ENE webpage: <http://mncourts.gov/Help-Topics/ENE-ECM.aspx#tab03County>. If the fee scales change, I agree to accept the changes or to resign from the roster. |  |
| I acknowledge that the court or ENE Program does not promise appointment or make the choice of providers when ordering or scheduling ENE sessions; that the parties (and their attorneys) must select and agree upon their own providers; that I am responsible for my own networking to be appointed. |  |
| I acknowledge that I am required to keep all of my professional licenses and my ADR Roster Qualification status in good standing, including completing any continuing education and annual re-application requirements, and that I must report any adverse discipline actions to the State Family ECM/ENE Program Coordinator (angela.lussier@courts.state.mn.us) and the local program coordinator within one week of receiving notice of their outcome. |  |

1. **Attachments**
	1. You may submit a letter of recommendation from a provider (or providers) with whom you have partnered for SENEs along with your application.
	2. Be sure to attach all requested additional information and documentation.
2. **Completed Applications**
	1. Applications may be considered by the program, on a first-received-first-considered basis, or may be pooled and considered bi-annually or annual if space available warrants consideration, at the discretion of the program.
	2. A submitted application does not constitute acceptance.
	3. Please direct questions regarding this application to, *and mail or scan and email your completed application to*:

Angela Lussier

State Family ECM/ENE Program Manager

Angela.Lussier@courts.state.mn.us

1. **Signature**

I acknowledge the above application, and all attached materials, are complete and true to the best of my ability.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_