

Early Neutral Evaluation Provider Roster Application

I. Applicant Demographics and ENE Provider Training

Name as it should appear on roster(s):	
For which Tenth District ENE programs are you applying?	Sherburne <input type="checkbox"/> SENE <input type="checkbox"/> FENE Wright <input type="checkbox"/> SENE <input type="checkbox"/> FENE
Preferred telephone contact number:	_____ This is a(n) <input type="checkbox"/> office <input type="checkbox"/> cell <input type="checkbox"/> home phone.
Secondary telephone contact number:	_____ This is a(n) <input type="checkbox"/> office <input type="checkbox"/> assistant's <input type="checkbox"/> cell <input type="checkbox"/> home phone.
Email address for general correspondence:	
Email address for scheduling alerts (1 only):	
Name of firm/professional practice:	
Mailing address:	_____ This is a(n) <input type="checkbox"/> office <input type="checkbox"/> home address.
Office address <u>if available to perform ENEs</u>:	_____ This office <input type="checkbox"/> can <input type="checkbox"/> cannot accommodate Domestic Violence issues (has 2 or more conference rooms, separate entrances, or the ability to stagger arrival times?)
Are you willing to handle Domestic Violence issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to travel to perform ENEs?	<input type="checkbox"/> Yes for all <input type="checkbox"/> Not for FENEs <input type="checkbox"/> Yes for SENEs <input type="checkbox"/> No <input type="checkbox"/> Yes, within these counties: _____
Write/type out all of your contact information which you would like provided to parties/attorneys on the roster:	
Initial ENE Provider Training:	SENE Training Dates and Location: _____ I completed this training as a <input type="checkbox"/> participant <input type="checkbox"/> instructor ----- FENE Training Date and Location: _____ I completed this training as a <input type="checkbox"/> participant <input type="checkbox"/> instructor <input type="checkbox"/> My training appears correctly on the Master Training Roster available online: http://mncourts.gov/Help-Topics/ENE-ECM.aspx#tab04MasterTrainingRoster . <input type="checkbox"/> 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:

Early Neutral Evaluation Provider Roster Application

	<input type="checkbox"/> Male <input type="checkbox"/> Female <hr/> I agree to be paired with all opposite-gendered members of the roster(s) to which I am applying. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

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

Do you appear on the State ADR Board's Roster of Rule 114 Qualified Neutrals? (http://mncourts.gov/Help-Topics/AlternativeDisputeResolution.aspx)	<input type="checkbox"/> Yes, as a Mediator. <input type="checkbox"/> Yes, as a Mediator and an Early Neutral Evaluator. <input type="checkbox"/> Yes, as an Early Neutral Evaluator. <input type="checkbox"/> No.
Have you ever received a public reprimand issued by the ADR Ethics Board?	<input type="checkbox"/> No. <input type="checkbox"/> 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?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation on an additional sheet of paper.
Are you currently in good standing with the ADR Ethics Board?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation on an additional sheet of paper.
SENE Ride-alongs:	SENE Ride-along #1: Date: _____ With Provider A: _____ Provider B: _____ <hr/> SENE Ride-along #2: Date: _____ With Provider A: _____ Provider B: _____ <hr/> <input type="checkbox"/> I am requesting a waiver of the SENE Ride-along requirement based on my experience performing court-ordered SENEs in (an)other ENE Program(s).
FENE Ride-along(s):	FENE Ride-along #1: Date: _____ With Provider: _____ <hr/> FENE Ride-along #2: Date: _____ With Provider: _____ <hr/> <input type="checkbox"/> I am requesting a waiver of the FENE Ride-along requirement based on my experience performing court-ordered FENEs in (an)other ENE Program(s).
Membership on other ENE Program Rosters:	I am/was a member of the following ENE Program Rosters: <input type="checkbox"/> Anoka <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> PICK <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past

Early Neutral Evaluation Provider Roster Application

	<input type="checkbox"/> Sherburne <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> Washington <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> Wright <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> Hennepin <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> Ramsey Co. <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past
Performance of court-ordered ENEs as a member of the ordering court's ENE 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: <input type="checkbox"/> Anoka SENEs:_____. <input type="checkbox"/> Anoka FENEs:_____. <input type="checkbox"/> PICK SENEs:_____. <input type="checkbox"/> PICK FENEs:_____. <input type="checkbox"/> Sherburne SENEs:_____. <input type="checkbox"/> Sherburne FENEs:_____. <input type="checkbox"/> Washington SENEs:_____. <input type="checkbox"/> Washington FENEs:_____. <input type="checkbox"/> Wright SENEs:_____. <input type="checkbox"/> Wright FENEs:_____. <input type="checkbox"/> Hennepin SENEs:_____. <input type="checkbox"/> Hennepin FENEs:_____. <input type="checkbox"/> Ramsey Co. SENEs:_____. <input type="checkbox"/> Ramsey Co. FENEs:_____. <input type="checkbox"/> _____ SENEs:_____. <input type="checkbox"/> _____ FENEs:_____. <input type="checkbox"/> _____ SENEs:_____. <input type="checkbox"/> _____ FENEs:_____.
Have you Ever been removed from an ENE roster for any reason, including non-use of their preferred (Google, SharePoint, etc.) calendaring method?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation on an additional sheet of paper.

III. Licensure and Experience in Family Law

Licensed attorney or retired attorney?	<input type="checkbox"/> No, I have never been a licensed attorney. <input type="checkbox"/> Yes. MN Attorney License #: _____; additional states and license #s: _____. <hr/> If yes, are you in good standing with the Professional Responsibility Board of each state in which you are, or were, licensed? <input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation on an additional sheet of paper. <hr/> 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? <input type="checkbox"/> No.
---	---

Early Neutral Evaluation Provider Roster Application

	<input type="checkbox"/> Yes. If yes, attach an explanation on an additional sheet of paper. <hr/> If you are a retired attorney, are you retired with a license in good standing? <input type="checkbox"/> No. <input type="checkbox"/> Yes.
Licensed Mental Health, Social Worker, Therapist, Certified Public Accountant, or other Professional License?	<input type="checkbox"/> No, I do not now have, and have never had, any professional license. <input type="checkbox"/> Yes, I have or have had a professional license. <hr/> 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: a) Are you in good standing with the granting board or authority for each license? If no, include an explanation. b) 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 <i>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.</i>

IV. Scheduling

Are you able to make two ENE session times available each week on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or your current support staff, been through 10 th District SharePoint ENE Calendar Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> If yes, do you currently have dates available in the SharePoint Calendar? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> If no, are you willing to complete training within 30 days of your being accepted onto a 10 th District Roster and have your availability in the Calendar within 60 days of your being accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No

V. Acknowledgements

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-	

Early Neutral Evaluation Provider Roster Application

<p>ECM.aspx#tab03County. If the fee scales change, I agree to accept the changes or to resign from the roster.</p>	
<p>I acknowledge that I will be removed from the roster if am not regularly making myself available for two sessions per week in the SharePoint ENE Calendar or fail to report any extended absence (greater than 30 days) in the Calendar to the District ENE Coordinator, or fail to return from a reported absence.</p>	
<p>I acknowledge that if I am double booked and unable to perform an ENE session as scheduled and ordered by the court, because of my failure to update the SharePoint ENE Calendar, that it is my responsibility to work with the parties, attorneys, and any partnered provider to reschedule the ENE session within the deadlines for completion of the ENE process.</p>	
<p>I agree to attend SharePoint ENE Calendar Training as soon as is practicable after my acceptance to a 10th District ENE Roster and, at any rate, to have my availability entered into the Calendar within 60 days of my being accepted.</p>	
<p>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; and that, if I am not chosen within any half year period after my initial active participation the SharePoint ENE Calendar, I may be removed from the roster(s) for non-utilization.</p>	
<p>I acknowledge that I will be required to submit an ENE Evaluator’s Report to the court administrator within 5 days of the completion (or cancelation) of any ordered ENE, and that if an ENE process cannot be completed within the deadlines set by the court, I must submit a Request for Order Extending Timelines for ENE and Order, and that access to templates of these and other program documents will be granted to me through the SharePoint ENE Calendar.</p>	
<p>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 District ENE Program Coordinator within one week of receiving notice of their outcome.</p>	

VI. Attachments

- a. You may submit a letter of recommendation from a provider (or providers) with whom you have partnered for SENEs or from an attorney who represented a party during an FENE you performed along with your application.

Early Neutral Evaluation Provider Roster Application

- b. Be sure to attach all requested additional information and documentation.

VII. Completed Applications

- a. Applications will be pooled and considered bi-annually by the program's steering committee, if space available warrants consideration.
- b. A submitted application does not constitute acceptance.
- c. Please direct questions regarding this application to, and mail, scan and email, or fax your completed application to:

Angela Lussier
State Family ECM/ENE Program Manager
Tenth Judicial District Administration Offices
7533 Sunwood Drive NW, Suite 306
Ramsey, MN 55303-5186
Fax#: 763-279-0178
Angela.Lussier@courts.state.mn.us

VIII. Signature

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

Applicant's Signature: _____

Date: _____