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| **Name:** |  |
| **For which ENE program(s) are you applying?** | **1st District**  Carver:  SENE  FENE  Goodhue:  SENE  FENE  McLeod  SENE  FENE  Scott:  SENE  FENE  Sibley:  SENE  FENE  **3rd District**  Olmsted:  SENE  FENE  Winona:  SENE  FENE  **5th District**  Blue Earth:  SENE  FENE  Brown:  SENE  FENE  Cottonwood:  SENE  FENE  Faribault:  SENE  FENE  Jackson:  SENE  FENE  Lincoln:  SENE  FENE  Lyon:  SENE  FENE  Martin:  SENE  FENE  Murray:  SENE  FENE  Nicollet:  SENE  FENE  Nobles:  SENE  FENE  Pipestone:  SENE  FENE  Redwood:  SENE  FENE  Rock:  SENE  FENE  Watonwan:  SENE  FENE  **9th District**  Itasca:  SENE  FENE  **10th District**  Anoka  SENE  FENE  PICK (Pine, Isanti, Chisago, Kanabec—unified program, must apply to all 4 counties separately in PASS)  SENE  FENE  Sherburne  SENE  FENE  Wright  SENE  FENE  **Equal Access ENE**  Counties Selected in PASS  SENE  FENE |
| **Have you ever received a public reprimand from the ADR Ethics Board?** |  No.   Yes. If yes, attach an explanation. |
| **Have you ever been removed from the State ADR Roster by the ADR Ethics Board?** |  No.   Yes. If yes, attach an explanation. |
| **Are you currently in good standing with the ADR Ethics Board?** |  Yes.   No. If no, attach an explanation. |
| **SENE 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* SENEs in (an)other ENE Program(s) as a SENE Provider.  ***Please attach your ride-along certificates.*** |
| **FENE Ride-along(s):** | FENE Ride-along #1:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  With Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FENE Ride-along #2:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  With Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   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) as a FENE Provider.  ***Please attach your ride-along certificates.*** |
| **Membership on other ENE Program Rosters:** | I am/was a member of the following ENE Program Rosters:  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  County:\_\_\_\_\_\_\_\_\_  SENE  FENE  Current  Past  Attach an additional list if more lines are needed. |
| **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:  County:\_\_\_\_\_\_\_\_\_ # of **S**ENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of **F**ENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of **S**ENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of **F**ENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of **S**ENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of **F**ENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of **S**ENEs:\_\_\_\_\_\_\_.  County:\_\_\_\_\_\_\_\_\_ # of **F**ENEs:\_\_\_\_\_\_\_. |
| **Have you Ever been removed from an ENE roster for any reason?** |  No.   Yes. If yes, attach an explanation. |
| **If You a Licensed Attorney or Retired Attorney:** | 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.  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.  If you are a retired attorney, are you retired with a license in good standing?   No.   Yes. |
| **If You are a Licensed Mental Health, Social Worker, Therapist, Certified Public Accountant, or hold another Professional License, other than an attorney’s license:** | **If you have not previously emailed a copy of your current license to** [**PASS@courts.state.mn.us**](mailto:PASS@courts.state.mn.us), **make sure to do so.**  **For each license, please answer here:**   1. type of license; 2. Are you in good standing with the granting board or authority for each license? If no, include an explanation. 3. 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) *or financial issues* (if applying for FENE)*, or both* (if applying for both)*.* |
| **Signature:** | I acknowledge the above application, and all attached materials, are true and correct to the best of my ability.  Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* 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.
* Be sure to attach all requested additional information and documentation to one email.
* Send the completed Supplemental Application and all attachments to: [PASS@courts.state.mn.us](mailto:PASS@courts.state.mn.us).