ADR-RULE 114 NEUTRAL ROSTER INDIVIDUAL REAPPLICATION FORM

Complete form and mail along with the \$60.00 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 payable to: State of Minnesota

Processing time is usually done the same day we receive it and a confirmation letter will be sent by email following approval.

SECTION 1: GENERAL INFORMATION

Name:	
Occupation*:	
Address:	
City/State/Zip:	
Daytime Phone: ()(Note: the email address you provide becomes	E-mail: public record and is subject to public disclosure)
SECTION 2: LICENSE INFORMATION	
 Are you licensed as an attorney by the S If yes: Indicate Attorney ID # a 	State of Minnesota? ☐ No ☐ Yes
 Are you licensed by any other profession If yes, indicate professional board: 	
 Is your professional license currently sus If yes, please provide effective dates for the su 	spended?
•	al license revoked, I have not been refused fession, nor have I been involuntarily banned, i.
Signature	 Date

SECTION 3: PLACEMENT REQUEST

ne neutral roster(s) for which you are reapplying to: eapproved to rosters that you were approved for previously.
ilitative/Hybrid Mini-Trial, MedArb., Other)
udicative/Evaluative Consensual Special Magistrate, Moderated Settlement Conference, Summary Jury Neutral Evaluation, Neutral Fact Finding)
acilitative/Hybrid Mini-Trial, MedArb., Other)
djudicative Consensual Special Magistrate, Moderated Settlement Conference, Summary Jury
valuative al Evaluation, Neutral Fact Finding)
NTINUING EDUCATION TRAINING
on the roster, you must complete the continuing education requirement for the eriod.
g to a facilitative/hybrid panel are required to take 18.00 hours per three-yea leutrals reapplying to any of the other panels are required to take 9.00 hours peg period. Neutrals who are reapplying to more than one panel are required to 18.00 hours per three-year reporting period. Continuing education courses must do not have to be certified.
continuing education course(s) you attended for the current reporting d covering the year, to present.
How did this course enhance your skills and abilities in ADR processes? ducation:
How did this course enhance your skills and abilities in ADR processes?

Title: ————	
Sponsor:	
Location:	
Date(s):	
Hours of actual education:	
Title:	— How did this course enhance your skills and abilities
Sponsor: ————	
Location:	<u> </u>
Date(s):	
Hours of actual education:	<u> </u>
Title:	How did this course enhance your skills and abilities
Sponsor:	
Location:	
Date(s):	
Hours of actual education:	
Title:	How did this course enhance your skills and abilities.
Sponsor:	
Location:	_
Date(s):	
Hours of actual education:	
Title:	— How did this course enhance your skills and abilities
Sponsor:	
Location:	
Date(s): Hours of actual education:	
SECTION 5: SIGNATURE	
I do horoby cartify that the information pro	wided in this application is true
 I do hereby certify that the information pro 	viucu iii tilis application is tiuc.
Signature	Date