ADR-RULE 114 NEUTRAL ROSTER
ORGANIZATION 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

Applications are processed within 2 days from receipt and a confirmation letter will be sent by email after approval.

SECTION 1: GENERAL INFORMATION

Organization: __________________________________________________________

Director:  _____________________________________________________________

Address:  _____________________________________________________________

City/State/Zip:__________________________________________________________

Daytime Phone:  (________)______________________________________________

E-mail:  ________________________________________________________________
(Note:  the email address you provide becomes public record and is subject to public disclosure)
SECTION 2: PLACEMENT REQUEST

- Please indicate the neutral roster(s) for which your organization is reapplying to. Also indicate the name of the individual from your organization who has applied or been approved for that roster.

NOTE: In order for your organization to be placed back on a roster, at least one individual associated with your organization must be approved for that roster. You are required to have individual neutral roster application forms on file in your organization for each of your neutrals.

☐ Civil Facilitative/Hybrid
   (Mediation, Mini-Trial, Med.-Arb., Other)

   NAME: (please print) ___________________________________________

☐ Civil Adjudicative/Evaluative

   NAME: (please print) ___________________________________________

☐ Family Facilitative/Hybrid
   (Mediation, Mini-Trial, Med.-Arb., Other)

   NAME: (please print) ___________________________________________

☐ Family Adjudicative
   (Arbitration, Consensual Special Magistrate, Moderated Settlement Conference, Summary Jury Trial)

   NAME: (please print) ___________________________________________

☐ Family Evaluative
   (Early Neutral Evaluation, Neutral Fact Finding)

   NAME: (please print) ___________________________________________
SECTION 3: SIGNATURE

I do hereby certify that the information provided in this application is true, that only neutrals who qualify under Supreme Court Rules on Alternative Dispute Resolution will participate in this program, and that, upon request, I will provide, documentation of training provided to neutrals.

__________________________________________________ ______________
Signature       Date