



# MINNESOTA JUDICIAL BRANCH

## 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**

(Arbitration, Consensual Special Magistrate, Moderated Settlement Conference, Summary Jury Trial, Early Neutral Evaluation, Neutral Fact Finding)

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.

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*Signature*

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*Date*