Clay County Early Case Management Program
Early Neutral Evaluation Provider Agreement and Team Information
(updated 7.15.16)

1. Name:_____

2. Address:_____

3. Phone number:_____

4. Email Address:_____

5. By signing this document I certify that I have completed certified ENE training and that I agree to perform ENE services according to Clay County's fee schedule. I understand that the fee schedule includes a reduced fee for *informa pauperis* cases, but that the program will make every effort to assure that I do not receive a highly disproportionate amount of *IFP* cases. I understand that neither I nor any entity for which I work will be allowed to collect more than my portion of the set fees, but that ENE providers will be responsible for actual collection of the ENE fees.

6. I am qualified and willing to perform:
   a. FENEs _____
   b. SENEs_____
   (if FENEs only, please skip to Question 5)

7. For SENEs, I agree to be placed on the provider roster in a team with the individuals that I have filled in on the chart which begins on the next page. I have also listed the main contact person for scheduling my SENE sessions with each partner. The contact person will be available to answer or return calls within 10 minutes of a judge or coordinator's call so that SENE scheduling orders may be issued before Parties leave the Initial Case Management Conference.

   a. By signing this document I certify that either I have received 40 hours of training in addition to SENE training and am currently Rule 114 certified or each of the below listed persons with which I am teaming is has completed 40 hours of training beyond ENE training and is Rule 114 certified.

   b. By signing this document I also certify that my partners (listed below) and I will keep the designated scheduling person informed of our schedules.

   c. I also understand that I can choose not to work with a partner listed below at some time in the future, but I must notify the lead ENE person that I no longer wish to be listed as being paired with said person.

   d. I also understand that I can choose not to be listed on the provider roster at any time in the future, but I must notify the lead ENE person that I no longer wish to be listed.

Name of SENE Partner	Addresses at which we are willing to hold	Person for the Court to Contact for scheduling the	Backup person and contact info for emergencies	Notes:

	SENE Sessions	pair and his/her contact information	when primary scheduling contact is unavailable	

8. For FENEs, I agree to be placed on the provider roster. I have filled in the main contact person for scheduling my FENE sessions. The contact person will be available to answer or return calls within 10 minutes of a judge or coordinator's call so that SENE scheduling orders may be issued before Parties leave the Initial Case Management Conference.

   a. By signing this document I certify that
      i. I have received 40 hours of training in addition to FENE training and am currently Rule 114 certified; or
      ii. I am willing to be paired with each of the below listed persons who has completed forty hours of training beyond FENE training and is Rule 114 certified; or
      iii. I will only act as an evaluative neutral and not a facilitative neutral (will not mediate an agreement between the parties, etc.) until either i. or ii., above, applies.

   b. By signing this document I also certify that I and, if applicable, each of my partners (listed below) will keep the designated scheduling person informed of our schedules.

   c. I also understand that I can choose not to work with a partner listed below at some time in the future, but I must notify <u>the lead ENE person</u> that I no longer wish to be listed as being paired with said person.

   d. I also understand that I can choose not to be listed on the provider roster at any time in the future, but I must notify the lead ENE person that I no longer wish to be listed.

Name of FENE Partner	Addresses at which we are	Person for the Court to Contact	Backup person and contact info	Notes:

	willing to hold FENE Sessions	for scheduling the pair and his/her contact information	for emergencies when primary scheduling contact is unavailable	

Date: _____

Signed by: _____

Print Name: _____

Return form by U.S. mail to:
Jacob Fauchald, ENE Coordinator
Clay County District Court
Clay County Courthouse
807 N 11th St
Moorhead, MN 56561