ENE EVALUATOR APPLICATION FORM

Name: _____

Firm Name: _____

Mailing Address: _____

_____

Business Address (if different): _____

_____

Business Phone: _____

Business Fax: _____

Business email: _____

Alternate contact for immediate access: Name: _____

Phone: _____

Date admitted to MN Bar (if applicable): _____

What degrees do you hold? _____

Number of years in practice: _____

Number of years in family law practice? _____

Number of years concentrated experience working with families and children or as Guardian ad Litem/Family Court? (Specify years and type) _____

If you are not a family law attorney, describe your experiences working with families and children and how you believe that experience would benefit you as an evaluator._____

_____

_____

What dispute resolution training have you participated in? _____

_____

_____

What professional organizations do you belong to? _____

_____

_____

List three references of judicial officers or mental health professionals who have observed your

negotiation and litigation skills:

1. _____
2. _____
3. _____

List three individuals for whom you have mediated or have participated with in a mediation:

1. _____
2. _____
3. _____

Have you ever been suspended or disbarred from your professional practice? _____

Have you participated in an ENE? _____

Are you proficient in any foreign language: _____

Why do you wish to participate as a FENE Evaluator? _____

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Please attach a current Curriculum Vitae.

Signed:

_____ Dated: _____

Send completed form to: Judge Sally L. Tarnowski
St. Louis County Courthouse – First Floor
100 N. 5th Avenue West
Duluth, MN 55802