



**Financial Early Neutral Evaluation
Provider Application**

Name: _____

Address: _____

Phone: _____ E-mail: _____

Scheduling contact (name/number): _____

When did you complete state provided FENE training? _____

Are you on the state's Rule 114 ADR roster? _____

**Please list your professional licenses, issue dates and expiration dates.
Attach PDF copies of each license to this application.**

Please list your degrees received and dates received.

**Please complete this form and send it and the information requested to
Lila.Bolke@courts.state.mn.us.**