	DATE:
TO:	, Petitioner
	, Attorney for Petitioner
	, Respondent
	, Attorney for Respondent
FROM:	, FENE Provider
RE:	Financial Early Neutral Evaluation Appointment
You have be	een scheduled to meet with me for a Financial Early Neutral Evaluation (FENE) on:
	(Day, Month, Year, Time), at (Address).
	Respondent, and their attorneys, if they have any, must attend the session and be available t east three (3) hours.
	ot bring friends, children, or other family members as they will not be included in the session is no supervision of children available, so you must make child care arrangements for youn
regarding pr need to bri	nd/or pro se parties should come prepared to describe and explain what each party want roperty division, spousal maintenance, child support, and any other financial issues. You wing a completed Statement of Assets and Liabilities to the ENE session. Documentation by financial issues (appraisals, etc) will be helpful.
Fees:	
additional e Provider's s	shall pay for the initial 3-hour evaluation shall pay for the initial 3-hour evaluation. These payments shall or to or at the initial evaluation session, but <i>prior to the commencement</i> of the evaluation. It is necessary, shall pay per hour an shall pay per hour for the Financial Early Neutral Evaluation ervices. Fees for additional provider hours shall be paid at the conclusion of each sessionall be made by Cash, Money Order, or Bank Check; personal checks will not be accepted.
Documents:	
	ng documents must be provided to me at least two (2) business days prior to your initial 3 ion [examples of things providers may request]:

Your Initial Case Management Data Sheet (completed)

- The enclosed Intake Form (completed) [Providers should create their own based on info. they find necessary/helpful to have in advance, if any.]
- The enclosed Statement of Assets and Liabilities (completed)
- Documentation regarding any financial issues (appraisals, etc.)
- A copy of the Petition/Motion that was filed with the court for this case

These documents should be mailed/emailed to:
Attn:
Address:
at least two (2) business days prior to your initial 3-hour evaluation.
ENE Provider:
This is your assigned provider. Please do not contact the provider unless an emergency arises and you are unable to attend the FENE session as scheduled.
(Provider's Name), (phone number)
I look forward to assisting you in resolving the financial issues of your case.
Encl.