**Early Neutral Evaluation Provider PASS Roster Supplemental Application**

| Name: |  
|---|---
| **For which ENE program(s) are you applying?** | **1st District**  
Carver: ☐ SENE ☐ FENE  
Dakota: ☐ SENE (2 provider) ☐ ONESEN (1 provider) ☐ FENE  
Goodhue: ☐ SENE ☐ FENE  
McLeod: ☐ SENE ☐ FENE  
Scott: ☐ SENE ☐ FENE  
Sibley: ☐ SENE ☐ FENE  

**2nd District**  
Ramsey: ☐ SENE ☐ FENE  

**3rd District**  
Dodge: ☐ SENE ☐ FENE  
Fillmore: ☐ SENE ☐ FENE  
Olmsted: ☐ SENE ☐ FENE  
Rice: ☐ SENE ☐ FENE  
Waseca: ☐ SENE ☐ FENE  
Winona: ☐ SENE ☐ FENE  

**4th District**  
Hennepin: ☐ Non-Family Court Services SENE  

**5th District**  
Blue Earth: ☐ SENE ☐ FENE  
Brown: ☐ SENE ☐ FENE  
Cottonwood: ☐ SENE ☐ FENE  
Faribault: ☐ SENE ☐ FENE  
Jackson: ☐ SENE ☐ FENE  
Lincoln: ☐ SENE ☐ FENE  
Lyon: ☐ SENE ☐ FENE  
Martin: ☐ SENE ☐ FENE  
Murray: ☐ SENE ☐ FENE  
Nicollet: ☐ SENE ☐ FENE  
Nobles: ☐ SENE ☐ FENE  
Pipestone: ☐ SENE ☐ FENE  
Redwood: ☐ SENE ☐ FENE  
Rock: ☐ SENE ☐ FENE  
Watonwan: ☐ SENE ☐ FENE  

**7th District**  
Clay: ☐ SENE ☐ FENE  
Otter Tail: ☐ SENE ☐ FENE  

**8th District**  
Big Stone: ☐ SENE ☐ FENE  

10-ENE Supp App  
Page 1 of 4  
10th Judicial District – Internal  
Rev. 02/2019
<table>
<thead>
<tr>
<th>County</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chippewa</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Grant</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Kandiyohi</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Lac qui Parle</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Meeker</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Pope</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Renville</td>
<td>SENE FENE</td>
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<tr>
<td>Stevens</td>
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<tr>
<td>Swift</td>
<td>SENE FENE</td>
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<tr>
<td>Traverse</td>
<td>SENE FENE</td>
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<tr>
<td>Wilkin</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Yellow Medicine</td>
<td>SENE FENE</td>
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</table>

**9th District**

<table>
<thead>
<tr>
<th>County</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Itasca</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Koochiching</td>
<td>SENE FENE</td>
</tr>
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</table>

**10th District**

<table>
<thead>
<tr>
<th>County</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoka</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>PICK (Pine, Isanti, Chisago, Kanabec—unified program, must apply to all 4 counties separately in PASS)</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Sherburne</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Washington</td>
<td>SENE FENE</td>
</tr>
<tr>
<td>Wright</td>
<td>SENE FENE</td>
</tr>
</tbody>
</table>

**Equal Access ENE**

Counties Selected in PASS: SENE FENE

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Have you ever received a public reprimand from the ADR Ethics Board?

- Yes. If yes, attach an explanation.

Have you ever been removed from the State ADR Roster by the ADR Ethics Board?

- Yes. If yes, attach an explanation.

Are you currently in good standing with the ADR Ethics Board?

- Yes.

- No. If no, attach an explanation.

**SENE Ride-alongs:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider A</th>
<th>Provider B</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENE Ride-along #1:</td>
<td>Date: __________</td>
<td>With Provider A: ____________________________</td>
</tr>
<tr>
<td>SENE Ride-along #2:</td>
<td>Date: __________</td>
<td>With Provider A: ____________________________</td>
</tr>
</tbody>
</table>

- I am requesting a waiver of the SENE Ride-along requirement based on my experience performing court-ordered SENEs in (an)other ENE Program(s) as a SENE Provider.

*Please attach your ride-along certificates.*
### FENE Ride-along(s):

<table>
<thead>
<tr>
<th>FENE Ride-along #1:</th>
<th>Date: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Provider: __________________</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>FENE Ride-along #2:</th>
<th>Date: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Provider: __________________</td>
<td></td>
</tr>
</tbody>
</table>

- I am requesting a waiver of the FENE Ride-along requirement based on my experience performing *court-ordered* FENEs in (an)other ENE Program(s) as a FENE Provider.

*Please attach your ride-along certificates.*

### Membership on other ENE Program Rosters:

- I am/was a member of the following ENE Program Rosters:
  - County: ________  □ SENE □ FENE □ Current □ Past
  - County: ________  □ SENE □ FENE □ Current □ Past
  - County: ________  □ SENE □ FENE □ Current □ Past
  - County: ________  □ SENE □ FENE □ Current □ Past
  - County: ________  □ SENE □ FENE □ Current □ Past
  - County: ________  □ SENE □ FENE □ Current □ Past
  - County: ________  □ SENE □ FENE □ Current □ Past
  - County: ________  □ SENE □ FENE □ Current □ Past
  - County: ________  □ SENE □ FENE □ Current □ Past

- Attach an additional list if more lines are needed.

### Performance of court-ordered ENEs as a member of the ordering court’s ENE Roster:

- I have performed the following number of court-ordered ENEs in this/these Program(s) as a member of the ordering court’s ENE Roster:
  - County: ________  # of SENEs: ________
  - County: ________  # of FENEs: ________
  - County: ________  # of SENEs: ________
  - County: ________  # of FENEs: ________
  - County: ________  # of SENEs: ________
  - County: ________  # of FENEs: ________
  - County: ________  # of SENEs: ________
  - County: ________  # of FENEs: ________

### Have you Ever been removed from an ENE roster for any reason?

- □ No.
- □ Yes. If yes, attach an explanation.

### If You a Licensed Attorney or Retired Attorney:

- Are you in good standing with the Professional Responsibility Board of each state in which you are, or were, licensed?
  - □ Yes.
  - □ No. If no, attach an explanation.

- Have you ever had any form of public discipline against you as an attorney, including, but not limited to, public reprimand, license suspension, or license revocation?
  - □ No.
  - □ Yes. If yes, attach an explanation.

- If you are a retired attorney, are you retired with a license in good standing?
  - □ No.
Yes.

If You are a Licensed Mental Health, Social Worker, Therapist, Certified Public Accountant, or hold another Professional License, other than an attorney’s license:

If you have not previously emailed a copy of your current license to [PASS@courts.state.mn.us](mailto:PASS@courts.state.mn.us), make sure to do so.

For each license, please answer here:
1) type of license;
2) Are you in good standing with the granting board or authority for each license? If no, include an explanation.
3) Have you ever had any form of public discipline against your professional license, including, but not limited to, public reprimand, license suspension, or license revocation? If yes, include an explanation.

| Work Experience: | Number of years working substantially with families in divorce- or custody-related work?: _______________
| Primary nature of your work: ________________________________
| (attach additional paper if needed) |

| Ability to Give a Valid Evaluative Opinion: | Please attach an explanation as to why you believe you possess enough expertise/experience to give a valid evaluative opinion as to what a court would do in a family law case involving custody and parenting time (if applying for SENE) or financial issues (if applying for FENE), or both (if applying for both). |

| Signature: | I acknowledge the above application, and all attached materials, are true and correct to the best of my ability. |
| Applicant’s Signature: __________________________ |
| Date: ______________ |

- You may submit a letter of recommendation from a provider (or providers) with whom you have partnered for SENEs or from an attorney who represented a party during an FENE you performed along with your application.
- Be sure to attach all requested additional information and documentation to one email.
- Send the completed Supplemental Application and all attachments to: [PASS@courts.state.mn.us](mailto:PASS@courts.state.mn.us).