



# MINNESOTA JUDICIAL BRANCH

## State Family Early Case Management/ Early Neutral Evaluation Program

### Early Neutral Evaluation Ride Along Certificate

Date Ride-A-Long took place on (date): \_\_\_\_\_

Name of participant doing the Ride-A-Long: \_\_\_\_\_

Type of Ride-A-Long:

SENE \_\_\_\_\_ FENE \_\_\_\_\_

Location of the Ride-A-Long:

Address: \_\_\_\_\_

\_\_\_\_\_

Name(s) of the ENE Provider(s)/Neutral(s) in attendance at the Ride-A-Long:

❖ Provider/Neutral: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_

❖ Provider/Neutral: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_

Please have completed and signed and email a copy to [PASS@courts.state.mn.us](mailto:PASS@courts.state.mn.us). Please keep a copy for your records.