



# MINNESOTA JUDICIAL BRANCH

## ADR-RULE 114 NEUTRAL ROSTER COMMUNITY DISPUTE RESOLUTION PROGRAMS (CDRP) REAPPLICATION FORM

Complete form and mail along with the **\$70.00 non-refundable processing fee** to:

Alternative Dispute Resolution Program  
135 Minnesota Judicial Center  
25 Rev. Dr. Martin Luther King Jr. Blvd.  
St. Paul, MN 55155-1500  
adr@courts.state.mn.us

Make check or money order payable to: **State of Minnesota**  
Confirmation will be sent via email upon approval.

### PART A: GENERAL INFORMATION FOR ALL APPLICANTS SECTION 1: GENERAL INFORMATION

CDRP Organization Name: \_\_\_\_\_

Director: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

(The contact information provided on this form becomes a public record and will be published on the Rule 114 roster on the mncourts.gov website)

### SECTION 2: PLACEMENT REQUEST

Please indicate the neutral roster categories for which your CDRP organization is requesting placement by checking the box. **You can only reapply to previously approved ADR processes.** Also, indicate the name of the individual from your organization who has applied or been approved for that roster.

NOTE: In order for your CDRP to be placed back on a roster, at least one individual associated with your organization must be approved for that roster. You are required to have individual neutral roster application forms on file in your organization for each of your neutrals.

Civil Roster Categories	INDICATE NAME OF ASSOCIATED NEUTRAL
<input type="checkbox"/> <b>CIVIL FACILITATIVE/HYBRID</b> (Mediation, Mini-Trial, Med-Arb, Arb-Med, Other)	Name: _____
<input type="checkbox"/> <b>CIVIL ADJUDICATIVE/ EVALUATIVE</b> (Arbitration, Consensual Special Magistrate, Summary Jury Trial, Early Neutral Evaluation, Non-Binding Advisory Opinion, Neutral Fact Finding)	Name: _____

Family Roster Categories	INDICATE NAME OF ASSOCIATED NEUTRAL
<input type="checkbox"/> <b>FAMILY LAW FACILITATIVE/HYBRID</b> (Mediation, Med-Arb, Arb-Med, Other)	Name:
<b>FAMILY LAW HYBRID</b> (Parenting Time Expeditor, Parenting Time Consultant)	
<input type="checkbox"/> <b>Parenting Time Expeditor (PTE)</b>	Name:
<input type="checkbox"/> <b>Parenting Consultant (PC)</b>	Name:
<b>FAMILY LAW EVALUATIVE/HYBRID</b> (Social Early Neutral Evaluation, Financial Early Neutral Evaluation, Moderated Settlement Conference)	
<input type="checkbox"/> <b>Social Early Neutral Evaluation (SENE)</b>	Name:
<input type="checkbox"/> <b>Financial Early Neutral Evaluation (FENE)</b>	Name:
<input type="checkbox"/> <b>Moderated Settlement Conference (MSC)</b>	Name:
<input type="checkbox"/> <b>FAMILY LAW ADJUDICATIVE</b> (Arbitration and Consensual Special Magistrate)	Name:

### SECTION 3: SIGNATURE

I do hereby affirm the information in this application is true and complete, that only Qualified Neutrals will participate in the program, and that, upon request, I will provide documentation of training provided to neutrals. I acknowledge that I have read Rule 114 of the Minnesota General Rules of Practice and agree our organization will follow its requirements and understand that our organization is subject to the jurisdiction of the ADR Ethics Board. I affirm that our organization will uphold ethical obligations under Rule 114.13, the Code of Ethics for Court-Annexed ADR Neutrals.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*\*Typographical signatures shall be treated as a personal signature and shall be in the form /s/ Pat. L. Smith.*