



**ADR-RULE 114 NEUTRAL ROSTER
INDIVIDUAL APPLICATION 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**

Applications are processed within 2 days from receipt and a confirmation email will be sent after approval.

SECTION 1: GENERAL INFORMATION

Name: _____

Occupation*: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

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

*If you are a retired judge/referee your experience on the bench qualifies you to be placed on the Civil Adjudicative/Evaluative and Family Adjudicative rosters (a domestic abuse course is still required for the family adjudicative panel). Indicate your judicial experience under occupation.

SECTION 2: LICENSE INFORMATION

You *must* answer all questions in this section and sign in order to have your application processed. Failure to do this will delay the processing of your application.

1. Are you licensed as an attorney by the State of Minnesota No Yes
If yes, indicate Attorney ID # and CLE Reporting Period 1 2 3

2. Are you licensed by any other professional boards? No Yes NA
If yes, indicate professional board: _____

3. Is your professional license currently suspended? No Yes NA
If yes, please provide effective dates for the suspension: _____

4. I certify I have not had a professional license revoked, I have not been refused membership or practice rights in a profession, nor have I been involuntarily banned, dropped or expelled from any profession.

Signature

Date

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

SECTION 3: PLACEMENT REQUEST

Please indicate the neutral roster(s) for which you are requesting placement:

Civil Facilitative/Hybrid

(Mediation, Mini-Trial, Med.-Arb., Other)

☞ YOU MUST COMPLETE SECTIONS 4, 5, 11 and 12

Civil Adjudicative/Evaluative

(Arbitration, Consensual Special Magistrate, Moderated Settlement Conference, Summary Jury Trial, Early Neutral Evaluation, Neutral Fact Finding)

☞ YOU MUST COMPLETE SECTIONS 4, 6, 11 and 12

Family Facilitative/Hybrid

(Mediation, Mini-Trial, Med.-Arb., Other)

☞ YOU MUST COMPLETE SECTIONS 7, 8, 11 and 12

Family Adjudicative

(Arbitration, Consensual Special Magistrate, Moderated Settlement Conference, Summary Jury Trial)

☞ YOU MUST COMPLETE SECTIONS 7, 9, 11 and 12

Family Evaluative

(Early Neutral Evaluation, Neutral Fact Finding)

☞ YOU MUST COMPLETE SECTIONS 7, 10, 11 and 12

SECTION 4: CIVIL LAW AREAS OF EXPERIENCE

● Indicate your areas of civil law experience for listing on the Minnesota Supreme Court website's searchable roster (***you must choose at least one***).

- | | |
|---|--|
| <input type="checkbox"/> Bankruptcy/Creditor-Debtor | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Business/Commercial | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Complex Litigation | <input type="checkbox"/> Pro. Liability/Mal. |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Securities |
| <input type="checkbox"/> General Civil | <input type="checkbox"/> Trusts & Estates |

SECTION 5: CIVIL FACILITATIVE/HYBRID

● Indicate the 30 hour certified civil course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
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*Course dates must include month, day, and year in order for application to be processed.

SECTION 6: CIVIL ADJUDICATIVE/EVALUATIVE

● Indicate the 6 hour certified civil course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
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*Course dates must include month, day, and year in order for application to be processed.

SECTION 7: FAMILY LAW AREAS OF EXPERIENCE

● Indicate your areas of family law experience for listing on the Minnesota Supreme Court website's searchable roster (***you must choose at least one***).

- | | |
|--|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Parenting Time/Child Visitation |
| <input type="checkbox"/> Child Custody | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Post-Dissolution Matters |
| <input type="checkbox"/> Dissolution/Divorce | <input type="checkbox"/> Spousal Maintenance |
| <input type="checkbox"/> General Family | <input type="checkbox"/> Valuation of Property |

*Minn. Stat. § 518.1751, subd. 2(c) states that individuals who have completed the 40 hour family mediation training are eligible to serve as parenting time expeditors, subject to continuing education requirements. If you have completed the family training and would like to be listed on the Minnesota Supreme Court website as available for parenting time expediting, please check the following box. You should also contact the local court administrators if you would like to be on the county rosters pursuant to Minn. Stat. § 518.1751, subd. 2(b).

Parenting Time Expeditor

SECTION 8: FAMILY FACILITATIVE/HYBRID

Complete only the boxes applicable to the family ADR training you have completed.

- Indicate the 40 hour certified family mediation course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
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*Course dates must include month, day, and year in order for application to be processed.

Indicate the 30 hour certified civil mediation course and the certified family mediation "bridge" course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:

*Course dates must include month, day, and year in order for application to be processed.

- If the above course(s) did not include 6 hours of certified domestic abuse issues training, indicate the certified domestic abuse course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
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SECTION 9: FAMILY ADJUDICATIVE

- To qualify you must have at least five years of professional experience in the area of family law and be recognized as a qualified practitioner in your field.

I certify that I have five years of professional experience in the family law area.

Signature _____
Date
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Indicate which document (copy) you have attached as proof of recognition:

- Professional License
- Professional Certificate
- Faculty membership of approved continuing education courses for family law
- Service as court-appointed adjudicative neutral
- Service as referee or guardian ad litem
- Acceptance by peers as expert in this field
- Other: _____

- Indicate the 6 hour certified family adjudicative course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
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*Course dates must include month, day, and year in order for application to be processed.

- Indicate the 6 hour certified domestic abuse course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
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*Course dates must include month, day, and year in order for application to be processed.

SECTION 10: FAMILY EVALUATIVE

- I certify that I have at least five years of experience as a family law attorney, as an accountant dealing with divorce-related matters, as a custody and visitation psychologist, or as another professional working in the area of family law who is recognized as a qualified practitioner.

Signature

Date

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- Indicate the 2 hour certified course you attended.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
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*Course dates must include month, day, and year in order for application to be processed.

- Indicate the 6 hour certified domestic abuse course you attended. This course has not been offered before 1997.

Course Dates: (xx/xx/xx – xx/xx/xx)*	Course Title:	Course Sponsor:	Course Hours:
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*Course dates must include month, day, and year in order for application to be processed.

SECTION 11: COUNTY PREFERENCE

- Indicate those counties in which you are willing to provide ADR services. Do not check “all 87 counties” if you are unwilling to travel to a specific county.

All 87 counties

All 7 metro counties (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington)

The following individual counties: Circle the specific counties.

Aitkin	Fillmore	Martin	Rock
Anoka	Freeborn	McLeod	Roseau
Becker	Goodhue	Meeker	Scott
Beltrami	Grant	Mille Lacs	Sherburne
Benton	Hennepin	Morrison	Sibley
Big Stone	Houston	Mower	St. Louis
Blue Earth	Hubbard	Murray	Stearns
Brown	Isanti	Nicollet	Steele
Carlton	Itasca	Nobles	Stevens
Carver	Jackson	Norman	Swift
Cass	Kanabec	Olmsted	Todd
Chippewa	Kandiyohi	Otter Tail	Traverse
Chisago	Kittson	Pennington	Wabasha
Clay	Koochiching	Pine	Wadena
Clearwater	Lac Qui Parle	Pipestone	Waseca
Cook	Lake	Polk	Washington
Cottonwood	Lake of the Woods	Pope	Watonwan
Crow Wing	Le Sueur	Ramsey	Wilkin
Dakota	Lincoln	Red Lake	Winona
Dodge	Lyon	Redwood	Wright
Douglas	Mahnomen	Renville	Yellow Medicine
Faribault	Marshall	Rice	

SECTION 12: SIGNATURE

- I do hereby certify that the information provided in this application is true.

Signature

Date

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