

## Early Neutral Evaluation Provider PASS Roster Supplemental Application

<b>Name:</b>	
<b>For which ENE program(s) are you applying?</b>	<p><b><u>1<sup>st</sup> District</u></b></p> <p>Carver:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Dakota:           <input type="checkbox"/> SENE (2 provider) <input type="checkbox"/> ONESENE (1 provider)</p> <p>                          <input type="checkbox"/> FENE</p> <p>Goodhue:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>McLeod           <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Scott:            <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Sibley:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><b><u>2<sup>nd</sup> District</u></b></p> <p>Ramsey:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><b><u>3<sup>rd</sup> District</u></b></p> <p>Dodge:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Fillmore:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Olmsted:         <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Rice:             <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Waseca:         <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Winona:          <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><b><u>4<sup>th</sup> District</u></b></p> <p>Hennepin:       <input type="checkbox"/> Non-Family Court Services SENE</p> <p><b><u>5<sup>th</sup> District</u></b></p> <p>Blue Earth:     <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Brown:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Cottonwood:   <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Faribault:      <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Jackson:        <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Lincoln:         <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Lyon:            <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Martin:          <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Murray:         <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Nicollet:        <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Nobles:          <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Pipestone:     <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Redwood:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Rock:            <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Watonwan:      <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><b><u>7<sup>th</sup> District</u></b></p> <p>Clay:            <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p>Otter Tail:     <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><b><u>8<sup>th</sup> District</u></b></p> <p>Big Stone:      <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p>

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	<p>Chippewa:     <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Grant:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Kandiyohi:     <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Lac qui Parle: <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Meeker:         <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Pope:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Renville:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Stevens:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Swift:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Traverse:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Wilkin:          <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Yellow Medicine: <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><b><u>9<sup>th</sup> District</u></b>  Itasca:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Koochiching:   <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><b><u>10<sup>th</sup> District</u></b>  Anoka           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  PICK (Pine, Isanti, Chisago, Kanabec—unified program, must apply to all 4 counties separately in PASS) <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Sherburne       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Washington     <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Wright           <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p> <p><b><u>Equal Access ENE</u></b>  Counties Selected in PASS   <input type="checkbox"/> SENE <input type="checkbox"/> FENE</p>
<b>Have you ever received a public reprimand from the ADR Ethics Board?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
<b>Have you ever been removed from the State ADR Roster by the ADR Ethics Board?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
<b>Are you currently in good standing with the ADR Ethics Board?</b>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation.
<b>SENE Ride-alongs:</b>	<p>SENE Ride-along #1:  Date: _____  With Provider A: _____  Provider B: _____</p> <hr/> <p>SENE Ride-along #2:  Date: _____  With Provider A: _____  Provider B: _____</p> <hr/> <p><input type="checkbox"/> I am requesting a waiver of the SENE Ride-along requirement based on my experience performing <i>court-ordered</i> SENEs in (an)other ENE Program(s) as a SENE Provider.</p> <p><b><i>Please attach your ride-along certificates.</i></b></p>

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<b>FENE Ride-along(s):</b>	FENE Ride-along #1: Date: _____ With Provider: _____ <hr/> FENE Ride-along #2: Date: _____ With Provider: _____ <hr/> <input type="checkbox"/> I am requesting a waiver of the FENE Ride-along requirement based on my experience performing <i>court-ordered</i> FENEs in (an)other ENE Program(s) as a FENE Provider.  <b><i>Please attach your ride-along certificates.</i></b>
<b>Membership on other ENE Program Rosters:</b>	I am/was a member of the following ENE Program Rosters: County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past Attach an additional list if more lines are needed.
<b>Performance of court-ordered ENEs as a member of the ordering court's ENE Roster:</b>	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: _____
<b>Have you Ever been removed from an ENE roster for any reason?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
<b>If You a Licensed Attorney or Retired Attorney:</b>	Are you in good standing with the Professional Responsibility Board of each state in which you are, or were, licensed? <input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation. <hr/> 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? <input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation. <hr/> If you are a retired attorney, are you retired with a license in good standing? <input type="checkbox"/> No.

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	<input type="checkbox"/> Yes. <b>If you have not previously emailed a copy of your <u>current</u> license to <a href="mailto:PASS@courts.state.mn.us">PASS@courts.state.mn.us</a>, make sure to do so.</b>  <b>For each license, please answer here:</b> 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.
<b>Work Experience:</b>	Number of years working substantially with families in divorce- or custody- related work?: _____ Primary nature of your work: _____ _____ (attach additional paper if needed)
<b>Ability to Give a Valid Evaluative Opinion:</b>	Please attach an explanation as to <i>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).</i>
<b>Signature:</b>	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).