

**Moderated Settlement Conference (MSC) Provider  
PASS Roster Supplemental Application**

<b>Name:</b>	<hr/>
<b>For which MSC program(s) are you applying?</b>	<p><b><u>1<sup>st</sup> District</u></b>  <input type="checkbox"/> Dakota</p> <p><b><u>2<sup>nd</sup> District</u></b>  <input type="checkbox"/> Ramsey</p> <p><b><u>3<sup>rd</sup> District</u></b>  <input type="checkbox"/> Rice</p> <p><b><u>10<sup>th</sup> District</u></b>  <input type="checkbox"/> Anoka  <input type="checkbox"/> Sherburne</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>Have you completed AAML MSC Training?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. When and where? _____ _____ _____
<b>Have you Ever been removed from an MSC 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>	<p>Are you in good standing with the Professional Responsibility Board of each state in which you are, or were, licensed?</p> <input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation.
	<p>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?</p> <input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
	<p>If you are a retired attorney, are you retired with a license in good standing?</p> <input type="checkbox"/> No. <input type="checkbox"/> Yes.
<b>If You are a Certified Public Accountant:</b>	<p><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></p> <p><b>Please answer here:</b></p> <p>1) Are you in good standing with the CPA granting board or authority? If no, include an explanation.</p>

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	2) 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 and/or financial issues.</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: _____

- 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).