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| **Name:** |  |
| **For which MSC program(s) are you applying?** | **1st District**   Dakota  **2nd District**   Ramsey  **3rd District**   Rice  **10th District**   Anoka   Sherburne |
| **Have you ever received a public reprimand from the ADR Ethics Board?** |  No.   Yes. If yes, attach an explanation. |
| **Have you ever been removed from the State ADR Roster by the ADR Ethics Board?** |  No.   Yes. If yes, attach an explanation. |
| **Are you currently in good standing with the ADR Ethics Board?** |  Yes.   No. If no, attach an explanation. |
| **Have you completed AAML MSC Training?** |  No.   Yes. When and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you Ever been removed from an MSC roster for any reason?** |  No.   Yes. If yes, attach an explanation. |
| **If You a Licensed Attorney or Retired Attorney:** | Are you in good standing with the Professional Responsibility Board of each state in which you are, or were, licensed?   Yes.   No. If no, attach an explanation.  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?   No.   Yes. If yes, attach an explanation.  If you are a retired attorney, are you retired with a license in good standing?   No.   Yes. |
| **If You are a Certified Public Accountant:** | **If you have not previously emailed a copy of your current license to** [**PASS@courts.state.mn.us**](mailto:PASS@courts.state.mn.us), **make sure to do so.**  **Please answer here:**   1. Are you in good standing with the CPA granting board or authority? If no, include an explanation. 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. |
| **Work Experience:** | Number of years working substantially with families in divorce- or custody- related work?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary nature of your work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach additional paper if needed) |
| **Ability to Give a Valid Evaluative Opinion:** | Please attach an explanation as to *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.* |
| **Signature:** | 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).