

Early Neutral Evaluation Provider Roster Application

I. Applicant Demographics and ENE Provider Training

Name as it should appear on roster(s):	
For which ENE program(s) are you applying?	Goodhue <input type="checkbox"/> SENE <input type="checkbox"/> FENE
Preferred telephone contact number:	_____ This is a(n) <input type="checkbox"/> office <input type="checkbox"/> cell <input type="checkbox"/> home phone.
Secondary telephone contact number:	_____ This is a(n) <input type="checkbox"/> office <input type="checkbox"/> assistant's <input type="checkbox"/> cell <input type="checkbox"/> home phone.
Email address for a court correspondence:	
Name of firm/professional practice:	
Mailing address:	_____ This is a(n) <input type="checkbox"/> office <input type="checkbox"/> home address.
Office address <u>if available to perform ENEs</u>:	_____ This office <input type="checkbox"/> can <input type="checkbox"/> cannot accommodate Domestic Violence issues (has 2 or more conference rooms and separate entrances or the ability to stagger arrival times?)
Are you willing to handle Domestic Violence issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to travel to perform ENEs?	<input type="checkbox"/> Yes for all <input type="checkbox"/> Not for FENEs <input type="checkbox"/> Yes for SENEs <input type="checkbox"/> No <input type="checkbox"/> Yes, within these counties: _____
Write/type out all of your contact information which you would like provided to parties/attorneys on the roster:	
Are you fluent in any language(s) besides English?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, which language(s)?: _____
Initial ENE Provider Training:	SENE Training Dates and Location: _____ I completed this training as a <input type="checkbox"/> participant <input type="checkbox"/> instructor ----- FENE Training Date and Location: _____ I completed this training as a <input type="checkbox"/> participant <input type="checkbox"/> instructor <input type="checkbox"/> My training appears correctly on the Master Training Roster available online: http://mncourts.gov/Help-Topics/ENE-ECM.aspx#tab04MasterTraining . <input type="checkbox"/> My training does not appear correctly on the Master Training Roster, but my certificate(s) of completion is/are attached to this application.
For SENE Applicants Only:	My gender for purposes of provider pairing: <input type="checkbox"/> Male <input type="checkbox"/> Female ----- I agree to be paired with all opposite-gendered members of the roster(s) to which I am applying. <input type="checkbox"/> Yes <input type="checkbox"/> No

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II. Rule 114 Qualification, Ride-alongs and Experience in Other Programs

<p>Do you appear on the State ADR Board’s Roster of Rule 114 Qualified Neutrals? (http://mncourts.gov/Help-Topics/AlternativeDisputeResolution.aspx)</p>	<p><input type="checkbox"/> Yes, as a Mediator. <input type="checkbox"/> Yes, as a Mediator and an Evaluator. <input type="checkbox"/> Yes, as an Evaluator. <input type="checkbox"/> No.</p>
<p>Have you ever received a public reprimand issued by the ADR Ethics Board?</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation on an additional sheet of paper.</p>
<p>Have you ever been removed from the State ADR Roster by the ADR Ethics Board?</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation on an additional sheet of paper.</p>
<p>Are you currently in good standing with the ADR Ethics Board?</p>	<p><input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation on an additional sheet of paper.</p>
<p>SENE Ride-alongs:</p>	<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> <p><input type="checkbox"/> I am requesting a waiver of the SENE Ride-along requirement based on my experience performing court-ordered SENEs in (an)other ENE Program(s) as a SENE Provider.</p>
<p>FENE Ride-along(s):</p>	<p>FENE Ride-along #1: Date: _____ With Provider: _____</p> <hr/> <p>FENE Ride-along #2: Date: _____ With Provider: _____</p> <p><input type="checkbox"/> I am requesting a waiver of the FENE Ride-along requirement based on my experience performing court-ordered FENEs in (an)other ENE Program(s) as a FENE Provider.</p>
<p>Membership on other ENE Program Rosters:</p>	<p>I am/was a member of the following ENE Program Rosters:</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past</p>
<p>Performance of court-ordered ENEs as a member of the ordering court’s ENE Roster:</p>	<p>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:</p> <p><input type="checkbox"/> County: _____ # of SENEs: _____.</p>

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	<input type="checkbox"/> County: _____ # of FENEs: _____. <input type="checkbox"/> County: _____ # of SENEs: _____. <input type="checkbox"/> County: _____ # of FENEs: _____. <input type="checkbox"/> County: _____ # of SENEs: _____. <input type="checkbox"/> County: _____ # of FENEs: _____. <input type="checkbox"/> County: _____ # of SENEs: _____. <input type="checkbox"/> County: _____ # of FENEs: _____.
Have you Ever been removed from an ENE roster for any reason?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation on an additional sheet of paper.

III. Licensure and Experience in Family Law

Are You a Licensed Attorney or Retired Attorney?	<input type="checkbox"/> No, I have never been a licensed attorney. <input type="checkbox"/> Yes. MN Attorney License #: _____; additional states and license #s: _____. <hr/> If yes, 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 on an additional sheet of paper. <hr/> If yes, 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 on an additional sheet of paper. <hr/> If you are a retired attorney, are you retired with a license in good standing? <input type="checkbox"/> No. <input type="checkbox"/> Yes.
Are You a Licensed Mental Health, Social Worker, Therapist, Certified Public Accountant, or other Professional License?	<input type="checkbox"/> No, I do not now have, and have never had, any professional license. <input type="checkbox"/> Yes, I have or have had a professional license. <hr/> If yes, attach a copy of your license and the following information for each license on a separate sheet of paper: 1) type of license; 2) year first granted; 3) name of granting board or authority; 4) for each license, also answer the following questions: a) Are you in good standing with the granting board or authority for each license? If no, include an explanation. b) 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)

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Ability to Give a Valid Evaluative Opinion:	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>
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IV. Acknowledgements

Sign in the right-hand box to indicate your acknowledgement and agreement to each statement.	
I acknowledge and agree to the fee scale(s) of the program(s) to which I am applying, which is/are available on the County's/Counties' ECM-ENE webpage: http://mncourts.gov/Help-Topics/ENE-ECM.aspx#tab03County . If the fee scales change, I agree to accept the changes or to resign from the roster.	
I acknowledge that the court or ENE Program does not promise appointment or make the choice of providers when ordering or scheduling ENE sessions; that the parties (and their attorneys) must select and agree upon their own providers; that I am responsible for my own networking to be appointed.	
I acknowledge that I will be required to submit an ENE Evaluator's Report to the court administrator within 5 days of the completion (or cancelation) of any ordered ENE, and that if an ENE process cannot be completed within the deadlines set by the court, I must submit a Request for Order Extending Timelines for ENE and Order, and that access to templates of these and other program documents is available in the section for Current ENE Providers on the Provider Information Tab of the State ECM-ENE Website: http://mncourts.gov/Help-Topics/ENE-ECM.aspx#tab05Provider .	
I acknowledge that I am required to keep all of my professional licenses and my ADR Roster Qualification status in good standing, including completing any continuing education and annual re-application requirements, and that I must report any adverse discipline actions to the State Family ECM/ENE Program Coordinator (angela.lussier@courts.state.mn.us) and the local program coordinator within one week of receiving notice of their outcome.	

V. Attachments

- a. 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.
- b. Be sure to attach all requested additional information and documentation.

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VI. Completed Applications

- a. Applications may be considered by the program, on a first-received-first-considered basis, or may be pooled and considered bi-annually or annual if space available warrants consideration, at the discretion of the program.
- b. A submitted application does not constitute acceptance.
- c. Please direct questions regarding this application to, and mail or scan and email your completed application to:

Angela Lussier
State Family ECM/ENE Program Manager
Tenth Judicial District Administration Offices
7533 Sunwood Drive NW, Suite 306
Ramsey, MN 55303-5186
Angela.Lussier@courts.state.mn.us

VII. Signature

I acknowledge the above application, and all attached materials, are complete and true to the best of my ability.

Applicant's Signature: _____

Date: _____