STATE OF MINNESOTA DISTRICT COURT

COUNTY OF KOOCHICHING NINTH JUDICIAL DISTRICT

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| --- | --- |
| In Re the Marriage of:  In Re the Custody of the Child(ren) of:  ,  Petitioner,  and    ,  Respondent. | Court File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STIPULATION TO WAIVE ICMC AND PARTICIPATE IN INITIAL ADR |

1. This matter is currently scheduled for an Initial Case Management Conference (ICMC) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).
2. The parties agree to waive the ICMC and participate in the following type(s) of Alternative Dispute Resolution (ADR) process(es):

Social Early Neutral Evaluation (SENE) and/or

Financial Early Neutral Evaluation (FENE).

Other ADR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(type).

1. Petitioner is represented by attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Respondent is represented by attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. The parties  do not have joint minor child(ren)  have the following joint minor child(ren):

|  |  |
| --- | --- |
| Child(ren)’s name(s) | Date(s) of birth |
|  |  |
|  |  |
|  |  |
|  |  |
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1. An Order for Protection (OFP)  is not currently in effect between the parties  is currently in effect between the parties and the parties will inform the ADR provider(s) of the existence of an OFP before the first ADR session. Any OFP currently in effect must be attached to this Stipulation.
2. For Dissolution Cases Only: The parties agree on the date of valuation; the date of valuation shall be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).
3. Early Neutral Evalations
   1. The parties agree to use the following Koochiching County SENE and/or FENE provider(s):

|  |  |
| --- | --- |
| Name of ENE provider | Type of ENE |
|  | SENE  FENE |
|  | SENE  FENE |
|  | SENE  FENE |

* 1. The parties agree and understand that they are individually responsible for payment of the fees for ENE as set forth below.
  2. The parties agree to abide by the following cancellation policy: ENE session(s) cannot be cancelled unless a full written stipulation on all issues is completed no less than five (5) business days before the ENE session with notice to the ENE Provider(s). If the parties fail to attend ENE or fail to give timely and proper notice of the cancellation of the session because of a full agreement having been completed and reduced to writing, the parties will be responsible for payment of the full cost of the missed ENE session. In addition to paying the cost of the session, the Court may consider the failure to attend a violation of the ENE Order, and take such violation into consideration when determining the issue of an award of attorney fees or other disputed issues between the parties.
  3. The following party is IFP status:  Petitioner  Respondent.
  4. For purposes of determining ADR fees only, and for no other purpose in the case, Petitioner’s gross annual income is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and Respondent’s gross annual income is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
  5. Petitioner shall pay $\_\_\_\_\_ for the initial FENE session, and $\_\_\_\_ for each additional hour.

Petitioner shall pay $\_\_\_\_\_ for the initial SENE session, and $\_\_\_\_ for each additional hour.

Respondent shall pay $\_\_\_\_\_ for the initial FENE session, and $\_\_\_\_ for each additional hour.

Respondent shall pay $\_\_\_\_\_ for the initial SENE session, and $\_\_\_\_ for each additional hour.

1. Other from(s) of ADR
   1. The parties agree to participate in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ADR type).
   2. The parties agree to use the following \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ADR type) neutral providers:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of neutral ADR provider | Type of ADR | Neutral’s Phone # | Complete Mailing Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. The parties agree and understand that they are individually responsible for payment of any fees charged by the other ADR type neutrals and that those fees are set by the neutrals.

1. The parties understand that the Court will not approve this Stipulation unless the initial ADR session(s) has/have first been scheduled.

The parties are scheduled to attend an SENE session on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

The parties are scheduled to attend an FENE session on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

The parties are scheduled to attend a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type of ADR) session on \_\_\_\_\_\_\_\_\_\_\_(date).

The parties are scheduled to attend a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type of ADR) session on \_\_\_\_\_\_\_\_\_\_\_(date).

1. The parties agree to engage in informal voluntary discovery for so long as they are actively participating in ADR. No later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) the parties shall provide, to each other, a letter requesting relevant information and documents they need to resolve this case. The requested information and documents shall be provided to the requesting party no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).
2. The parties agree to provide documents to the initial ADR provider(s) as directed by the ADR provider(s).
3. The parties understand that information produced during the ADR process not otherwise discoverable, and impressions or opinions made by the ENE provider(s) or other ADR neutrals, shall remain confidential.
4. The parties understand that the ICMC will remain as scheduled unless and until the Court grants their request to waive the ICMC. It is the responsibility of the parties to contact the court to inquire whether their request is granted or denied.

**SIGNATURES AND CONTACT INFORMATION**

**Petitioner: Respondent:**

Signature Date Signature Date

Street address Street address

City / State / Zip City / State / Zip

Telephone number Telephone number

Email address Email address

**Petitioner’s Attorney: Respondent’s Attorney:**

Signature Date Signature Date

Street address Street address

City / State / Zip City / State / Zip

Telephone number Telephone number

Email address Email address

**Attorney for Child Support Office:**

Signature Date

Street address

City / State / Zip

Telephone number

Email address