



MINNESOTA JUDICIAL BRANCH

ADR-RULE 114 NEUTRAL ROSTER ORGANIZATION REAPPLICATION FORM

Complete form and mail along with the **\$70.00 non-refundable processing fee** to:

**Alternative Dispute Resolution Program
135 Minnesota Judicial Center
25 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155-1500
adr@courts.state.mn.us**

Make check payable to: State of Minnesota

Applications are processed within 2 days from receipt and a confirmation letter will be sent by email after approval.

SECTION 1: GENERAL INFORMATION

Organization: _____

Director: _____

Address: _____

City/State/Zip: _____

Daytime Phone: (_____) _____

E-mail: _____

(The general information you provide on this form becomes a public record and will be published on the Rule 114 roster on the mncourts.gov website)

SECTION 2: PLACEMENT REQUEST

- Please indicate the neutral roster(s) for which your organization is reapplying to. Also indicate the name of the individual from your organization who has applied or been approved for that roster.

NOTE: In order for your organization to be placed back on a roster, at least one individual associated with your organization must be approved for that roster. You are required to have individual neutral roster application forms on file in your organization for each of your neutrals.

Civil Facilitative/Hybrid

(Mediation, Mini-Trial, Med.-Arb., Other)

NAME: (please print) _____

Civil Adjudicative/Evaluative

(Arbitration, Consensual Special Magistrate, Moderated Settlement Conference, Summary Jury Trial, Early Neutral Evaluation, Neutral Fact Finding)

NAME: (please print) _____

Family Facilitative/Hybrid

(Mediation, Mini-Trial, Med.-Arb., Other)

NAME: (please print) _____

Family Adjudicative

(Arbitration, Consensual Special Magistrate, Moderated Settlement Conference, Summary Jury Trial)

NAME: (please print) _____

Family Evaluative

(Early Neutral Evaluation, Neutral Fact Finding)

NAME: (please print) _____

SECTION 3: SIGNATURE

- I do hereby certify that the information provided in this application is true, that only neutrals who qualify under Supreme Court Rules on Alternative Dispute Resolution will participate in this program, and that, upon request, I will provide, documentation of training provided to neutrals.

Signature

Date

**Typographical signatures shall be treated as a personal signature and shall be in the form /s/ Pat. L. Smith.*