

**MINNESOTA STATE COURT SYSTEM
ADR-RULE 114 NEUTRAL ROSTER
ORGANIZATION REAPPLICATION FORM**

INSTRUCTIONS:

Complete form and mail along with the **\$60.00 non-refundable processing fee** to:

Alternative Dispute Resolution Program
135-D 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

Processing time is usually 2-3 weeks and a confirmation letter will be sent after approval.

SECTION 1: GENERAL INFORMATION

Organization:

Director:

Address:

City/State/Zip:

Daytime Phone: (_____)_____ Fax: (_____)_____

E-mail:

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