

**North Dakota State Court Administrator  
ADR - Neutrals Roster**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Rosters: (please check)

Civil Arbitration

Civil Mediation

Domestic Relations/Contested  
Child proceedings Mediation

I attended the following alternative dispute resolution continuing education course/conference:  
(Please use reverse side or attach a separate sheet to report more than one course and include a  
copy of your training certificate.)

Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_

Dates(s): \_\_\_\_\_

Hours of actual education: \_\_\_\_\_

Please list your specialty areas: \_\_\_\_\_

I do hereby certify that the information provided is true and that I meet the qualifications  
required in North Dakota Rules of Court Rules 8.8 and 8.9.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form along with **resume and photocopy of training certificate(s)** to Marilyn Moe, State  
Court Administrators Office, 600 E Boulevard, Dept 180, Bismarck, ND 58505-0530