## HENNEPIN COUNTY

## MINNESOTA

## **Guardian/Conservator Invoice**

In Re: Probate/Mental Health District Court

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

Firm Name:			District Court File No		
Guardian Address:			Case Type:		
			Tier Care Level:		
City	State	Zip Code			
Telephone Number:			Residence of Client:		
<b>Billing Pursuant to:</b> (sh	•	-			
In Forma Pauperis-	Order Signed	Date			
MS 524.5-502 (expl	anation below	or attached)	City	State Zip Cod	
(Use only if appli	cable and no I	FP Order signe	ed)		
<b>Hennepin County Vend</b>	dor #, Federal	Tax Id #,			
or Social Security Num	ber:				
			SUMMARY	Office Use Only	
Date for Range of Services					
			@ \$40.00/hr. =	\$	
(Hours Based on Tier Lev			<u></u>	T	
•	•		@ \$18.00/hr. =	\$	
Other Reimbursement			=	\$	
(Please list other reimburse					
`		11 3	TOTAL DUE =	\$	
				Comments:	
INVOICES	S ARE SUBJEC	T TO A RAND	OOM AUDIT OF FEES & BILLING P	RACTICES	
Pursuant to Minnesota	Statutes 471	.392; 471.38;	and 471.391,	Office Use Only	
I declare under the per	nalties of law	that this acco	unt, claim or demand is		
demand is just and cor	rect, that all s	services provi	ded were provided by	Direct Pay	
the guardian or conservator or his/her employee, and that no part has				Fund <u>20</u>	
been paid. I further state that all employees of this guardian/conservator have				Date	
signed consents and passed background checks. The attached statement(s) is				Dept ID <u>552001</u>	
being submitted to the County because case lacks necessary funds to pay the bill.				Account <u>55246</u>	
That during the past ye	ear the subjec	t has not rece	eived any inheritance, property		
or other funds that wo	uld make the	subject inelig	gible for payment by Hennepin		
County and, Therefore, I submit this bill to Hennepin County for payment.				Approved	
Signature of Guardian,	/Conservator	original signa	ture no stamps)		
Print Name of Signing Guardian/Conservator				Revised 01/05/2023	



Date Prepared:

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