

FEE POLICY
GUARDIANSHIP/CONSERVATORSHIP PETITIONER ATTORNEYS
WITH CASES UNDER THE JURISDICTION OF THE FOURTH JUDICIAL DISTRICT COURT
PROBATE/MENTAL HEALTH DIVISION
HENNEPIN COUNTY
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT
FINANCIAL ANALYSIS AND ACCOUNTING
(Revised Fee Policy Effective 01/01/2023)

In accordance with Minnesota Statute § 524.5-502, attorneys may request compensation for necessary services rendered with regard to the appointment of a guardian or conservator under the following policy and in compliance with the stated billing procedures:

POLICY

1. Eligible Representatives

- A. Attorneys rendering necessary services on behalf of petitioners (“Petitioner Attorneys”) with regard to appointments of guardians or conservators in In Forma Pauperis cases (or when a finding of indigence is made) who have obtained an order from the court to require that Hennepin County pay for such services are eligible for payment under this policy. This policy does not cover attorneys who are appointed by the court to represent persons subject to guardianship/conservatorship in In Forma Pauperis cases (or when a finding of indigence is made) (“Respondent representation”). Respondent representation is managed by Adult Representation Services who must approve representation before services are offered.
- B. Petitioner Attorneys shall file a petition for fees to the Hennepin County Probate Court within 60 days of the final District Court order (Order Granting Guardianship/Conservatorship) for initial and successor guardian/conservator petitions. This is in accordance with the Fourth Judicial District Courts Probate/Mental Health Bench Policy G.13.
- 1) After the Order Allowing Attorney Fees is approved by the District Court, billings shall be submitted to Hennepin County. Billing shall be submitted within 60 days of the Order Allowing Attorney Fees court file stamped date and within 90 days for subsequent services and must be consistent with this policy. Subsequent billings included in the Order Allowing Attorney Fees will include restorations, ECT hearings, annual accounts, personal well-being reports, and discharges.¹ If the case is appealed, the burden is on that attorney to renew the petition for payment at each level of appeal.

2. Payment Rate

The current rate of pay as set by the Hennepin County Board of Commissioners:

¹ Per the Fourth Judicial District Courts Probate/Mental Health Division Bench interpretation of Minn. Stat. § 524.5-502(b).

A. **\$65.00 per hour** for attorney.

B. **\$25.00 per hour** for paralegal services.

C. **\$30.00 per hour** for allowable travel time. Payment for travel time to see person subject to guardianship/conservatorship is allowable for an initial one (1) time visit on an initial or successor petition.

- i. If person subject to guardianship/conservatorship resides within Hennepin County, Hennepin County will pay a flat rate based on the following schedule:

Total distance traveled to see person subject to guardianship/conservatorship

<1 mile	\$0.00
1 to 5 miles	\$5.00
> 5 miles to 10 miles	\$10.00
> 10 miles to 20 miles	\$20.00
> 20 miles	\$30.00

- ii. If person subject to guardianship/conservatorship resides outside of Hennepin County and the venue is Hennepin County the entire travel time is allowable at the \$30.00 per hour rate.

- iii. If traveling to see multiple persons subject to guardianship/conservatorship in the same trip, the travel rate shall be divided between all billings.

3. **Payment Policy**

A. After reading this Fee Policy, in order to be paid, attorneys must complete the Acknowledgement at the end of this document and email it to CGAInvoice@hennepin.us. The original signed form will be kept on file at HSPHD and verifies attorneys' receipt and agreement to the Fee Policy. Attorneys should also make a copy for their files and reference. Payments cannot be made unless there is a signed Acknowledgement on file for the current Fee Policy. A new acknowledgement must be signed every two years.

B. Substitute W-9 must be completed in order to be paid: [Substitute W-9 \(hennepin.us\)](http://hennepin.us)

C. Payment will be made within 35 days.

D. All invoices must be emailed to CGAInvoice@hennepin.us.

E. All invoices must be submitted in a manner and format acceptable to Hennepin County.

F. An itemized listing of service (printed in a legible fashion and in a font not less than 12 points) shall be submitted with each invoice. The itemized listing must include:

- i. person subject to guardianship/conservatorship name and court case number,
- ii. person who provided the service,
- iii. date of service,
- iv. explanation of the service,
- v. length of time for each service (rounded to the nearest 10th of an hour),
- vi. for telephone calls and other electronic communication, attorneys may list the

contact person (this is not a requirement),

vii. one grand total, rounded to the nearest 10th of an hour, for all the services on the invoice.

G. Receipts (proof of payment) shall accompany all invoices for all allowable reimbursable expenses.

4. Non-Reimbursable Activities and Expenses:

A. Hennepin County will not pay for clerical/secretarial time, internal tickler noticing, more than one (1) staff member per service, phone messaging, or billing inquiry and/or time. Note that “phone messaging” refers to leaving call back information only (e.g., name and number). Electronic communication, such as voice mail exchanges of relevant information are not considered “phone messaging”.

B. Mileage, as it is understood to be included in the allowable travel time fees.

C. Office and business expenses such as parking, postage, telephone expenses, photocopies, and training/consultation of/with in-house personnel.

Repayment to Hennepin County

The attorney must reimburse fees previously paid by Hennepin County:

- If an In Forma Pauperis is revoked.
- If person subject to guardianship/conservatorship receives an inheritance, or otherwise acquires or liquidates assets **except** if there is a Special Needs Trust or Supplemental Needs Trust of which the person subject to guardianship/conservatorship is the beneficiary. The assets in such a trust shall not be considered for purposes of repayment.

The attorney shall reimburse Hennepin County for past payments before the attorney may submit new billings for subsequent time periods to either Hennepin County.

5. Billing Adjustments and Appeals

The County may reduce or deny payment without notice on non-compliant or excessive items. If the vendor challenges billing reductions, denials, or time allotments, that protest should be sent by written request to:

Human Services and Public Health Department
Financial Analysis and Accounting
Attn: Accounts Payable Manager
300 South Sixth Street, Mail code 150

6. Right to Audit Billing Practices

All invoices and supporting documentation (itemized statements) are subject to random or selected audits of fees and billings practices for seven (7) years after services. It is up to the attorney to retain those records deemed necessary to assure documentation of all billings. Acceptance of payment from Hennepin County indicates attorneys’ willingness to comply with all audits.

7. Compliance with Policy

Hennepin County reserves the right to make reports to the court regarding attorneys' non-compliance with this Policy.

FEE PAYMENT PROCEDURE
GUARDIANSHIP/CONSERVATORSHIP PETITIONER ATTORNEYS
WITH CASES UNDER THE JURISDICTION OF THE FOURTH JUDICIAL DISTRICT COURT
PROBATE/MENTAL HEALTH DIVISION
HENNEPIN COUNTY
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT
FINANCIAL ANALYSIS AND ACCOUNTING
(Revised Procedure Effective 01/01/2023)

In accordance with Minnesota Statute § 524.5-502, attorneys may request compensation for necessary services rendered with regard to the appointment of a guardian or conservator under the following billing procedure:

PROCEDURE

To effectively implement the fee policies, Hennepin County requires that the below procedure be followed by all Petitioner Attorneys seeking payment from Hennepin County.

1. A valid signed **Acknowledgment** of the **Fee Policy** must be on file. Payments cannot be made unless there is a signed Acknowledgement on file.
2. One (1) Hennepin County Petitioner Attorney Invoice must be submitted for each matter in a format consistent with the form suggested by HSPHD and found online at <http://www.co.hennepin.mn.us/guardians>.
3. Invoices and cover sheets should not be submitted more than once. If you have a question about receipt of an invoice and/or cover sheet, please email CGAInvoice@hennepin.us.
4. All Hennepin County Petitioner Attorney Invoices must contain the original signature of the attorney providing the service as well as their printed name. No signature stamps, mechanical recreations, or copied signatures will be accepted.
5. The invoice must include either the date the In Forma Pauperis was signed or a court order finding that the person subject to guardianship/conservatorship is indigent as required under Minn. Stat. § 524.5-502.
6. The Order Allowing Attorney Fees authorizing payment must be attached to the completed invoice. Invoices submitted must comply with all Hennepin County policies and procedures.
7. **An itemized listing of services must accompany all invoices.** The itemized listing must include:
 - A. name of person subject to guardianship/conservatorship and court case number
 - B. person who provided the service
 - C. date of service

- D. explanation of the service
 - E. length of time for each service (rounded to the nearest 10th of an hour)
 - F. for telephone calls and other electronic communication, attorneys may list the contact person (this is not a requirement)
 - G. one grand total, rounded to the nearest 10th of an hour, for all the services on the invoice.
8. **If attorneys are submitting invoices for multiple matters**, they must provide a cover sheet that lists all of the matters with court file numbers, amounts claimed per matter, and total amount claimed. The cover sheet(s) must have the attorney's name, address, and vendor number as a heading on all pages. The cover sheet must be consistent with the HSPHD sample. Hennepin County reserves the right to require attorneys to reformat their cover sheet to a format acceptable to Hennepin County. A separate signed letter is NOT necessary and should not be included.
9. All invoices are to be filled in legibly, and the itemized statements and cover sheets shall be legible (printed in a legible fashion and in a font not less than 12 points).
10. All invoices must be filled out completely. If not completely filled out, they will be returned, and this could jeopardize payment if not filed in compliance with the timelines established in the fee policy.
11. Receipt of the filing fee allows attorneys ONE plain photocopy of an Order after the hearing. Certified copy fees are payable upon request but are reimbursable on invoices.
12. Email all cover sheets and invoices to CGAInvoice@hennepin.us.
13. Any reimbursements due to Hennepin County shall be sent to the mailing address below with checks made payable to the Hennepin County Treasurer. Reimbursements owed to Hennepin County and not paid shall be turned over for collections.
- Hennepin County
Human Services and Public Health Department
PO Box 1520
Minneapolis MN 55440-1520
14. The Hennepin County fiscal year is January 1st thru December 31st. It is encouraged that all invoices in accordance with the fee policy from the prior year be submitted by January 31st of the following year for year-end closing.
15. The Fee Policy and Procedure and other forms needed can be found on the Hennepin County Website to download for convenience. The website address is:
<http://www.co.hennepin.mn.us/guardians>
16. Policy or procedure questions should be emailed to CGAInvoice@hennepin.us.
17. If attorneys wish to file a challenge to any billing reduction or denial, mail a written request to:

Human Services and Public Health Department
Financial Analysis and Accounting
Attn: Accounts Payable Manager MC150
300 South Sixth Street,
Minneapolis MN 55487

ACKNOWLEDGEMENT

I acknowledge the receipt of and have read the Hennepin County Fee Policy and the Fee Payment Procedure for Guardianship/Conservatorship Petitioner Attorneys. I accept the terms of the Fee Policy and the Fee Payment Procedure and agree to follow the described policy and procedure.

Signature (original signature no stamps)

Date

Print Name

Name: _____

Firm Name: _____

Address: _____

*(provide serviceable
address as well as
PO Box if that is
used for business
mailings)*

City

State

Zip Code

Business Phone: _____

Mobile Phone: _____