

**State of Minnesota**

**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

\_\_\_\_\_  
Plaintiff (first, middle, last)

vs.

\_\_\_\_\_  
Defendant (first, middle, last)

**Notice And Request For Hearing to  
Determine Attorneys' Fees Award**

Minn. Gen. R. Prac. 119.05

To: \_\_\_\_\_, DEFENDANT:

The above-named plaintiff has commenced an action against you and you are in default because you failed to timely serve an Answer. The plaintiff is now seeking an award of attorneys' fees in addition to the principal, interest and court costs in this action. If you do not contest the attorney fee award by completing this form and returning it to the (plaintiff) (plaintiff's attorney) identified below within 21 days, the Court may award fees up to the amount

of \_\_\_\_\_, calculated as fifteen percent (15%) of the principal balance owing as requested in the Complaint up to a maximum of \$3,000.00 but not less than \$250.00. Attached to this notice is an affidavit from the plaintiff explaining its basis for an award of attorneys' fees. If you contest the reasonableness of the attorney fees, the plaintiff may seek an award of fees in excess of the amount indicated above, and the Court may award an amount larger or smaller than the amount indicated above.

**You must return this form to the (plaintiff) (plaintiff's attorney) identified below within 21 days of its receipt.** Failure to timely return the form may result in judgment for the requested fees being granted.

NOTE: This form is not a substitute for an Answer to the action that has been commenced against you and will not preclude the entry of judgment for the principal claim. This form is limited solely to requesting a judicial review of the attorneys' fees requested by the plaintiff. Please contact legal counsel for advice related to serving an Answer or completing this form.

**REQUEST FOR COURT HEARING**

I request a hearing to determine the reasonableness of the attorneys' fees requested by the plaintiff.

**Return this form to:**

\_\_\_\_\_  
(Plaintiff)(Plaintiff's Attorney)

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Address)