FY 2026-2027 GUARDIANSHIP/CONSERVATORSHIP ATTORNEY PANEL

FOR NON-FEE WAIVER CASES

APPLICATION FORM

**Attorney Information**

|  |  |
| --- | --- |
| Name |  |
| Law Firm |  |
| Address |  |
| Phone Number |  |
| Email |  |
| Attorney ID |  |

**Malpractice Insurance**

|  |  |
| --- | --- |
| Malpractice Insurance Carrier |  |
| Policy Number |  |
| Coverage Limits |  |

**Experience**

Do you currently have at least 5 years of experience with Guardianship/Conservatorship cases, Elder Law, or Estate Planning?  Yes  No

If yes, please describe your experience (e.g. trial, motion, contested cases, other types of evidentiary proceedings):

Explain briefly your interest and experience in the areas of Guardianships/Conservatorships:

**Availability and Conflict of Interest**

Are you willing and able to make yourself available to cover at least one daily calendar and one emergency week every three months?  Yes  No

In most cases, it will be necessary for you to interview people outside of your offices. Therefore, please answer the following:

1. Are you a licensed driver in the State of Minnesota?  Yes  No
2. Do you have your own car to use for client meetings?  Yes  No

If yes, do you have liability and collision insurance for such vehicle?  Yes  No

Are there any situations that would create a conflict of interest for you? (Examples that could create a conflict of interest in certain appointments: You represent a professional conservator; due to a prior commitment, you are not available on a specific day of the week; you have a connection to a specific care facility.)

**Agreement and Signature**

I understand and agree to the following items:

* I will cover at least one daily calendar and one emergency week every three months.
* I will not cancel a scheduled assignment more than twice in a twelve-month period.
* I commit to serving on the panel for two years.
* I agree to charge a flat rate of $250 per hour, plus costs and expenses, not to exceed a total of:
  + $2,500 for uncontested cases, unless approved by the presiding judge
  + $7,500 for cases with objections, unless approved by the presiding judge
* I will be responsible for billing and collection of all attorney fees for my services from the respondent, guardian, or conservator. If my client is eligible for a fee waiver, I will coordinate with Adult Representation Services to identify a substitution of counsel for my client. I will file a substitution of counsel,  affidavit of service, and the fee waiver application with the court. If the fee waiver is approved, I will waive all attorney fees.
* I will serve as an advocate for my client, conducting necessary consultations and visits prior to all hearings.
* I confirm that I am not under suspension or probation by the Minnesota Supreme Court, and I understand that I will be suspended from the panel upon finding by the Minnesota Lawyer’s Professional Responsibility Board that discipline is warranted.
* I authorize the Probate Court to verify my disciplinary status with the appropriate boards and I authorize the Office of Lawyer’s Professional Responsibility to disclose my public and private history. *Please note: You must also complete the separate Authorization Form for the Lawyer’s Professional Responsibility Board as the application is maintained by the Court.*

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**Signature Date**

**Submission Instructions:**

Please submit the completed application along with your cover letter, resume, and authorization form by April 30, 2025.

**By Mail:**

Christa Tum Cuc

Hennepin County Government Center

300 South 6th St, C12

Minneapolis, MN 55487-0340

**By Email:** [Christa.TumCuc@courts.state.mn.us](mailto:Christa.TumCuc@courts.state.mn.us)

Subject line: GC Panel Application – [Applicant Name]