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

Subject line: GC Panel Application – [Applicant Name]