FY 2026-2027 GUARDIANSHIP/CONSERVATORSHIP ATTORNEY PANEL

FOR NON-FEE WAIVER CASES

APPLICATION FORM

Attorney Info	rmation			
Name				
Law Firm				
Address				
Phone Number				
Email				
Attorney ID				
Malpractice I	nsurance			
Malpractice Insur	nce Carrier			
Policy Number				
Coverage Limits				
Experience				
Planning? Yes If yes, please descri	□ No pe your experience (e.g. tr		es, other types o	p cases, Elder Law, or Estate of evidentiary proceedings): rships:
Availability a	nd Conflict of Inte	rest		
every three months	? Yes No			and one emergency week herefore, please answer the
b) Do you ha	icensed driver in the State re your own car to use for ou have liability and collis		Yes Yes nicle? 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
 - o \$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.

 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]