FEE POLICY

PROBATE ATTORNEYS

WITH CASES UNDER THE JURISDICATION OF THE FOURTH JUDICIAL DISTRICT COURT PROBATE/MENTAL HEALTH DIVISION

HENNEPIN COUNTY HUMAN SERICES AND PUBLIC HEALTH DEPARTMENT FINANCIAL ANALYSIS AND ACCOUNTING

(Revised Fee Policy Effective 9/29/2016)

In accordance with Minnesota Statute § 524.5-502, attorneys may request compensation for necessary services rendered under the following policy and in compliance with the stated billing procedures:

POLICY

1. Eligible Representatives

- A. The attorney appointed by the court to represent the ward/protected person in an In Forma Pauperis case (or when a finding of indigence is made) is automatically eligible for consideration of payment by Hennepin County. No other attorneys shall be paid by Hennepin County except by court order.
- B. Any other attorney seeking payment from Hennepin County 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 is

- A. \$65.00 per hour for attorneys.
- B. \$25.00 per hour for paralegal services.
- C. **\$30.00 per hour** for allowable travel time. Payment for travel time to see ward/protected person is allowable for an initial one (1) time visit on an initial or successor petition.

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

i. If ward/protected person resides within Hennepin County, Hennepin County will pay a flat rate based on the following schedule:

Total distance traveled to see ward/protected person

<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 ward/protected person 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 wards/protected persons 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 send it to the Hennepin County Human Services and Public Health Department (HSPHD) billing address below (see 3.D.). The original signed form will be kept on file at HSPHD and verifies your receipt and agreement to the Fee Policy. You should also make a copy for your file 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. Court appointed attorneys representing ward/protected person on an In Forma Pauperis/Indigent case **must** submit an initial invoice within 90 days of the initial appointment hearing. All subsequent billings should be submitted within 90 days of services. Any subsequent billing not submitted within 90 days of the service rendered shall not be paid.
- C. Payment will be made within 35 days.
- D. All invoices must be sent to:

Hennepin County Human Services and Public Health Department Attn: Victoria Abraham 300 South Sixth Street, Mail Code 150 Minneapolis, MN 55487

- 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. ward/protected person 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, you 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, and 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 a ward/protected person receives an inheritance, or otherwise acquires or liquidates assets **except** if there is a Special Needs Trust or Supplemental Needs Trust of which the ward/protected person 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 or the other source(s) of payment.

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 shall be in writing addressed to Human Services and Public Health Department - Financial Analysis and Accounting - Accounts Payable Manager at the billing address shown in 3.D. above.

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 your willingness to comply with all audits.

7. Compliance with Policy

Hennepin County reserves the right to request that the Court not appoint an Attorney on future cases or to remove an Attorney who is non-compliant with the policy, including the audit provisions, or for any reason that is deemed in a ward's/protected person's best interests.

FEE PAYMENT PROCEDURE

PROBATE ATTORNEYS

WITH CASES UNDER THE JURISDICATION OF THE FOURTH JUDICIAL DISTRICT COURT PROBATE/MENTAL HEALTH DIVISION

HENNEPIN COUNTY HUMAN SERICES AND PUBLIC HEALTH DEPARTMENT FINANCIAL ANALYSIS AND ACCOUNTING

(Revised Procedure Effective 9/29/2016)

In accordance with Minnesota Statute § 524.5-502, attorneys may request compensation for necessary services rendered under the Fee Policy using the following billing procedure:

PROCEDURE

In order to effectively implement the fee policies, Hennepin County requires that the below procedure be followed by all attorneys appointed by the court to represent the ward/protected person in an In Forma Pauperis case (or when a finding of indigence is made) 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 Probate Attorney Invoice must be submitted for each ward/protected person served 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 contact HSPHD as indicated in #16 below.
- 4. All Hennepin County Probate 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 ward/protected person is indigent as required under Minn. Stat. § 524.5-502.
- 6. If an attorney other than the Court appointed attorney for the ward/protected person seeks to bill Hennepin County, the attorney must have filed a petition for fees with the Court. 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. ward/protected person's name 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, you 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.

DO NOT STAPLE TO INVOICE

- 8. If you are submitting invoices for multiple wards/protected persons, you must provide a cover sheet that lists all ward/protected person names with court file numbers, amount claimed per ward/protected person, and total amount claimed. The cover sheet(s) must have your 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 you to reformat your 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 your filing fee allows you ONE plain photocopy of an Order after the hearing. Certified copy fees are payable upon request but are reimbursable on invoices.
- 12. Mail all cover sheets and invoices to:

Hennepin County
Human Services and Public Health Department
Attn: Victoria Abraham MC150
300 South Sixth Street
Minneapolis MN 55487

For your convenience, there is also a drop box at the Hennepin County Government Center for HSPHD (street level east side of the building) that may be used.

- 13. Any reimbursements owed to Hennepin County should be sent to the normal billing address above with the check made out to the Hennepin County Treasurer. Reimbursements owed to Hennepin County and not paid shall be turned over for collections.
- 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 your convenience. The website address is: http://www.co.hennepin.mn.us/guardians
- 16. Policy or procedure questions should be directed to Victoria Abraham, 612-348-5449.
- 17. If you 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 the Probate Attorney. I accept the terms of the Fee Policy and the Fee Payment Procedure 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:		State	Zip code
Mobile Phone:			