HENNEPIN COUNTY
MINNESOTA

Guardian/Conservator Invoice

Date Prepared:_____
Guardian Name:_____
Firm Name:_____
Guardian Address: _____

_____
City **State** **Zip Code**
Telephone Number:_____
Billing Pursuant to: (shall be completed, select one)
◯ **In Forma Pauperis-Order Signed Date**_____
◯ **MS 524.5-502** (explanation below or attached)
(Use only if applicable and no IFP Order signed)
Hennepin County Vendor #, Federal Tax Id #, or Social Security Number:_____

In Re: Probate/Mental Health District Court
Case Name:_____
District Court File No._____
Case Type: _____
Tier Care Level:_____
Has Tier Level changed? ◯ Yes ◯ No
Residence of Client:_____
Client Address:_____

_____
City **State** **Zip Code**

SUMMARY

			Office Use Only
Date for Range of Services_____		**Submitted Amount**	**Payment Amount**
Total Guardian/Conservator Hours _____	**@ $30.00/hr.**	= $ 0.00	$ _____
(Hours Based on Tier Level of respondent)			
Destination_____ **Travel Time** _____	**@ $18.00/hr.**	= $ 0.00	$ _____
Other Reimbursement _____		= $ 0.00	$ _____
(Please list other reimbursement and attach supporting documents)			
	TOTAL DUE	= $ 0.00	$ _____

Comments:

INVOICES ARE SUBJECT TO A RANDOM AUDIT OF FEES & BILLING PRACTICES

Pursuant to Minnesota Statutes 471.392; 471.38; and 471.391, I declare under the penalties of law that this account, claim or demand is demand is just and correct, that all services provided were provided by the guardian or conservator or his/her employee, and that no part has been paid. I further state that all employees of this guardian/conservator have signed consents and passed background checks. The attached statement(s) is being submitted to the County because case lacks necessary funds to pay the bill. That during the past year the subject has not received any inheritance, property or other funds that would make the subject ineligible for payment by Hennepin County and, Therefore, I submit this bill to Hennepin County for payment.

_____
Signature of Guardian/Conservator (original signature no stamps)

_____
Print Name of Signing Guardian/Conservator

Office Use Only

Direct Pay
Fund 20
Date_____
Dept ID 552001
Account 55246

Approved_____

Revised 12/13/2017

Hennepin County Human Services
300 South Sixth Street, Mail Code 134, Minneapolis, MN 55487
www.hennepin.us/guardians