

Dakota County Court Appointed Counsel – Mental Health/Commitments

Request for Qualifications

The First Judicial District-Dakota County District Court, in conjunction with Dakota County Administration, seeks to appoint an attorney from which the Court can appoint to provide mandated legal defense services to respondents in civil commitment proceedings, which legally require the appointment of counsel per Minn. Stat. §253B.07. This will include appointment for sexual psychopathic personality, sexually dangerous person, services related to the special review board hearings and may include mentally ill and dangerous type commitment cases.

Preferred qualifications include:

- Two years or more of legal practice and substantial experience in the area of mental health law
- Current licensed attorney in good standing with the State of Minnesota
- Hold malpractice insurance with a minimum of \$200,000 coverage per occurrence/claim
- Court Authorization to confirm standing with Lawyers Professional Responsibility Board

The current county contract rate is a monthly stipend amount. Court hearings are held at the Dakota County Judicial Center in Hastings, Minnesota and remotely through www.ZoomGov.com on Mondays and Thursdays and occasional Tuesdays. The court time varies and is dependent on case filings.

Information can be located at http://www.mncourts.gov/Find-Courts/Dakota.aspx.

Please mail completed qualification and authorization form with an attached resume to:

Deb Hubley, Court Operations Manager

Dakota County District Court

1560 West Hwy 55

Hastings, MN 55033

deb.hubley@courts.state.mn.us

Applications must be received by Tuesday, January 2, 2024 @ 4:30 p.m.

FIRST JUDICIAL DISTRICT DAKOTA COUNTY

COURT APPOINTED ATTORNEY QUALIFICATION AND AUTHORIZATION FORM

Attorney Name:
Name of Law Firm:
Office Address:
Office Phone Number:
Office Fax Number:
Attorney ID Number:
Malpractice Insurance Carrier: Policy Number: Limits:
2. Do you currently have 2 years-experience as a practicing attorney? ☐Yes or ☐No List the dates of your legal practice in Minnesota: to
3. Do you currently have 2 years - experience with Mental Health Commitment Cases? ☐Yes or ☐No
4. Have you ever been a Court Appointed Attorney before? ☐Yes or ☐No
5. Briefly explain your interest and experience in the areas of Mental Health law:

6. Are you	ı able to comply with the mandatory ele	ctronic eFiling requirements? [∃Yes or □ No
	oe necessary for you to interview people answer the following:	e outside of your office. Yes \Box	or No Therefore,
a.	Are you a licensed driver in the State of	of Minnesota? □Yes or □	No
b.	Would you be using your own car?	☐Yes or ☐No	
	If yes, do you have liability and collision	on insurance for such vehicle?	□Yes or □No
8. Are yo	u able to file documents remotely?	es or □No	
Court? □Yes	u currently under discipline, suspension or □No please explain:	, and/or probation by the Min	nesota Supreme
to the Dakota	e Office of Lawyer's Professional Respon County Court Administrator's Office. (No orization Form for the Lawyer's Professi the Court).	OTE: Each applicant must also	complete the
Signature		Date	

FIRST JUDICIAL DISTRICT DAKOTA COUNTY DISTRICT COURT

COURT APPOINTED ATTORNEY AUTHORIZATION FORM

Signature	Date
Dakota County Court Administrator's Office.	
of Lawyer's Professional Responsibility to disclos	e my public and private history to the
Office to verify my disciplinary status with the ap	propriate boards and I authorize the Office
by the First Judicial District Chief Judge. I author	ize the Dakota County Court Administrator's
understand that I will be suspended from service	in Dakota County for cause upon a finding
I am presently not under suspension or probation	n by the Minnesota Supreme Court, and I
ATTORNEY ID NUMBER:	
OFFICE PHONE NUMBER:	
OFFICE ADDRESS:	
NAME OF LAW FIRM:	
ATTORNEY NAME:	