

STATE OF CONNECTICUT

Probate Court Administration

Invoice for Contract Conservator

INVOICE Date _____

Payee Information

State of CT Vendor No.: _____

Vendor Name _____

Address _____

Address _____

City _____ St _____ Zip _____

Billing Quarter, Year: 20	Check One
January – March	
April – June	
July – September	
October – December	

INVOICE No. _____
AMOUNT _____

CASE WORK SUMMARY:

Probate Court	Page No. (Detail Billing)	No. of Cases	Amount
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
SUBTOTAL (Case Summary pg.2)			
SUBTOTAL			

(a)

MEDICAID APPLICATIONS (Eligibility Determination Received):

Probate Court	Case Name	Case Number	Date of Determination	Amount (\$1,250 per Application)
SUBTOTAL				

(b)

TOTAL AMOUNT				
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(a)+(b)

PCA Office Use Only

VOUCHER NO. _____

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Submit invoice to:

Office of the
Probate Court Administrator
186 Newington Road
West Hartford, CT 06110
Email:
PCAAccountsPayable@ctprobate.gov
Questions call: 860-231-2442, x-352
EMAIL: ctopper@ctprobate.gov

CASE WORK SUMMARY (continued):

Probate Court	Page No. (Detail Billing)	No. of Cases	Amount
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
Subtotal – Page 2			

Contract Conservator

Detail Billing

Billing Quarter, Year: 20	Check One
January – March	
April – June	
July – September	
October – December	

Probate Court: _____

Conservator Name: _____

	Case #	Case Name	New Case (Y / N)	No. of Billable Months	Amount	COURT USE ONLY		
						Fee Waiver Confirmed	Asset Value < Title XIX Max	# of Paid Co-conservators
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
	TOTAL							

FOR NEW CASES ADDED THIS QUARTER, COMPLETE NEW CASE DATA SHEET

Contract Conservator

New Case Data Sheet

Billing Quarter, Year: 20__	Check One
January – March	
April – June	
July – September	
October – December	

Probate Court:

Case Number:

Case Name:

Date Appointed:

Appointed as (select one):

- Temporary Conservator of the Person
- Temporary Conservator of the Estate
- Temporary Conservator of the Person and Estate
- Conservator of the Person
- Conservator of the Estate
- Conservator of the Person and Estate

Answer YES or NO to each of the following questions:

- Conserved person resides in a Nursing Home or Hospital?
- Diagnosis of Psychiatric Disability?
- Conserved person receives Title XIX?
- Counted assets are less than Title XIX max (\$1,600)?

Contract Conservator INVOICE INSTRUCTIONS

- **Payee Information (all fields required for payment of invoice)**
 - Complete State of Connecticut Vendor Number, Vendor Name and Address
 - Assign invoice number
 - Invoice numbers { } •cbe alphanumeric and limited to a 20 character max.
 - Invoice numbers { } •cnot contain spaces or punctuation
 - Case names sh[]ã not be used as invoice number
 - Complete the Billing Quarter Grid with year and check quarter billed
- **Case Work Summary**
 - List the Probate Courts where appointed
 - Enter the number of cases assigned from each court
 - Enter the total amount billed for each Court
 - Subtotal (a) $\sum_{i=1}^n \text{cases}_i \times \text{rate}_i$
- **Medicaid Applications**
 - List the Probate Courts where appointed
 - Enter the Case Name, Case Number and Date of Eligibility Determination (required for payment)
 - The amount is a flat fee of \$1,250 per application
 - Subtotal (b) $\sum_{i=1}^n \text{applications}_i \times \$1,250$
- **Total Amount**
 - Subtotal (a) + Subtotal (b) $\sum_{i=1}^n \text{cases}_i \times \text{rate}_i + \sum_{i=1}^n \text{applications}_i \times \$1,250$
- **Detail Billing**
 - Complete a Detail Billing page for each court where appointed
 - Provide case number, case name and number of billable months in each matter.
 - If the appointment occurred before the quarter started and is ongoing, enter 3
 - If appointed during the quarter, count month of appointment and subsequent months
 - If terminated during the quarter, count month of termination and prior months
- **New Case Data Sheet**
 - Complete a New Case Data Sheet for each new case added during the quarter
- **Submit Invoice**
 - Submit your invoice with Detail Billing to:
Office of the Probate Court Administrator
186 Newington Rd.
West Hartford, CT 06110
- **Questions:**
 - Call (860) 231-2442 x352
 - Email: ctopper@ctprobate.gov