

**ANNUAL REPORT OF GUARDIAN
ON CONDITION OF
WARD/INCAPACITATED PERSON**

REQUIRED

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF THE GUARDIANSHIP

Case No. _____

Ward/Incapacitated Person

**ANNUAL REPORT OF
GUARDIAN ON CONDITION OF
WARD/INCAPACITATED PERSON**

I, the undersigned, am the guardian or the guardian and conservator of the above named ward/ incapacitated person and my annual report to the court is as follows:

1. Present age of the ward/incapacitated person: _____
2. Current address of the ward/incapacitated person: _____
3. The ward's/incapacitated person's residence is:

_____ own home	_____ guardian's home
_____ nursing home	_____ hospital or medical facility
_____ foster or boarding home	_____ other: _____
_____ relative's home	_____

(Relationship)
4. The ward/incapacitated person has lived in his or her current residence since _____.
If the ward/incapacitated person has moved within past year, state reasons for change: _____

5. During the past year, how many times and on what dates did you see the ward/incapacitated person? _____

6. During the past year, the ward's/incapacitated person's mental health has:

_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

7. During the past year, the ward's/incapacitated person's physical health has:
 _____ remained about the same.
 _____ improved. Describe: _____
 _____ deteriorated. Describe: _____
8. During the past year, the ward/incapacitated person has been treated or evaluated by the following:
 _____ Physician. Name: _____
 _____ Psychiatrist. Name: _____
 _____ Social or other case worker. Name: _____
 _____ Dentist. Name: _____
 _____ Other. Name: _____
9. The ward/incapacitated person ___ is ___ is not under regular physician's care.
 Physician's Name: _____
 (if different than physician in #8 above)
10. Social conditions: During the past year, the ward/incapacitated person has participated in the following activities: Describe.
 _____ Recreational: _____
 _____ Educational: _____
 _____ Social: _____
 _____ Occupational: _____
 _____ None available.
 _____ Refuses or unable to participate. _____
11. As guardian, I rate the ward's/incapacitated person's living arrangements as:
 _____ excellent.
 _____ average.
 _____ below average. If below average, explain: _____

12. As guardian, I believe the ward/incapacitated person is:
 _____ content with living situation.
 _____ unhappy with living situation. Why? _____

13. As guardian, I believe the ward/incapacitated person has the following needs that have not been met: _____

14. The guardianship should be continued for the following reasons:
 _____ The ward/incapacitated person is still a minor.
 _____ The ward's/incapacitated person's condition requires continuation of guardianship.

15. Please mark one of the following (A, B, or C) and complete the additional questions, if any, for the section you marked:

- A) _____ I **do** have possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) **AND** one of the following applies:
- 1) _____ My accounting, certificate of proof of possession, and bank statements and/or brokerage statements are filed with the court.
 - 2) _____ The accounting has been waived by the court.
 - 3) _____ A budget has been approved by the court and the Annual Budget Report is filed with the court.

B) _____ I do **not** have possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits). The person who has possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) is: _____

- _____ **AND**
- 1) _____ I **have** talked to the person in charge of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) **AND**
 - a) _____ I **am** satisfied that the funds are being handled properly.
 - b) _____ I am **not** satisfied that the funds are being handled properly because _____

_____.
 - 2) _____ I have **not** talked to the person in charge of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) because _____

_____.

C) _____ The ward/incapacitated person receives no money, assets, possessions or income (including social security or other benefits).

I swear or affirm, **under the penalties of perjury**, that I have examined the Annual Report of Guardian on Condition of Ward/Incapacitated Person, and to the best of my knowledge and belief, it is true, correct and complete.

Signature(s) of Guardian(s)

Date _____

Print or Type Name of Guardian(s)

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s)

City/State/ZIP Code of Guardian(s)

Phone of Guardian(s)

E-mail Address of Guardian(s)