Nebraska State Court Form REQUIRED CC 16:2.14M NEW 10/2020	**ANNUAL REPORT OF GUARDIAN FOR A MINOR**	

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

IN THE MATTER OF

Case No. _____

_____
Minor ward

ANNUAL REPORT OF GUARDIAN FOR A MINOR

I, the undersigned, am the guardian of the above named minor ward. My annual report to the court is as follows:

1. Present age of minor ward: _____

2. Current physical address of the minor ward:

   _____

3. The minor ward's residence is:
   - ☐ guardian's home
   - ☐ nursing home/skilled care facility/assisted living
   - ☐ boarding/extended family home
   - ☐ other: _____

4. If The minor ward has changed residence within the past year, state reasons for change:

   _____

   _____

5. If you do not live with the minor ward, how often do you see the minor ward? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other (describe)_____

   _____.

6. At any time during the past year, did the minor ward have a social worker or case worker?
   ☐ Yes ☐ No.
   If yes: Name: _____

7. During the past year, the minor ward has attended _____ school and is in the _____ grade.

8. State any information about the minor ward you believe is important for the court to know.

_____

_____

_____

_____

I swear or affirm, **under the penalties of perjury**, that I have examined the Annual Report of Guardian for a Minor, and to the best of my knowledge and belief, it is true, correct, and complete.

_____ Date _____

Signature of Guardian

_____ _____

Print or Type Name of Guardian | Street Address/P.O. Box of Guardian

_____ _____

Bar Number and Firm Name (attorneys only) | City/State/ZIP Code of Guardian

_____ _____

Phone | Email Address

Is there more than one guardian and/or conservator? yes ☐ no ☑

_____
Ward
Choose the county_____ County Court
Case No. _____

CERTIFICATE OF MAILING

I,_____,swear or affirm, **under the penalties of perjury**, that copies of the forms listed below were mailed to all interested persons (including government agencies providing benefits) and bonding company, if any, at the addresses set forth below on _____:

Annual Report of Guardian for a Minor;

Other(if any):

_____
_____
_____

NAME	ADDRESS

☐ See attached (more names and addresses than above)

_____ Date _____
Signature of Guardian or their attorney

_____ _____
Print or Type Name of Guardian or their attorney — Street Address/P.O. Box of Guardian or their attorney

_____ _____
Bar Number and Firm Name (attorneys only) — City/State/ZIP Code of Guardian or their attorney

_____ _____
Phone — Email Address

Is there more than one guardian and/or conservator? yes ☐ no ☑