

COMPLETING THE APPLICATION FOR WITHDRAWAL OF FUNDS

Use this form to ask the court for permission to take money out of the assets of the ward/minor ward/protected person.

You must be able to prove the full amount is to be spent on the behalf of, is necessary, and is in the best interest of the ward/minor ward/protected person.

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Choose the county using the drop-down list.

Enter the name of the ward, minor ward, or protected person.

If you are printing the form and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

Enter the case number.

Enter the amount you are asking to withdraw.

Explain the reasons you are asking to withdraw the money and what it will be used for.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the court ▼

IN THE MATTER OF _____, CASE No. _____
Ward/Minor Ward/Protected Person.

☒ Printing the form and handwriting the answers.
☐ Completing the form electronically.

APPLICATION FOR WITHDRAWAL OF FUNDS

I request approval to withdraw \$ _____ from the assets of the ward/minor ward/ protected person for the following reason(s):

The full amount will be spent on behalf of, is necessary, and is for the best interests of the ward/minor ward/protected person, considering all of the circumstances and those liable for his/her support.

I acknowledge that I will receive a notice of hearing from the county court when I file my application. When I receive the notice of hearing from the county court, it is my responsibility to mail a copy of this Application for Withdrawal of Funds and the notice of hearing, to all interested persons. I must file the Certificate of Mailing with the court showing that I have given notice of the hearing date to all interested persons.

The Certificate of Mailing Form (CC 16:2.27) is found at: <https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-27.pdf>.

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I swear or affirm, under the penalties of perjury, that I have examined the Application for Withdraw of Funds, and to the best of my knowledge and belief, they are true, correct and complete.

Signature: _____ Date: _____

Printed Name: _____
(of guardian and/or conservator)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:

Bar Number: _____

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

Signature: _____ Date: _____

Printed Name: _____
(of co-guardian and/or co-conservator)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:

Bar Number: _____

Sign and date the form. Enter your printed name, your address, telephone number, and your email address.

If completed by an attorney, enter your Bar Number.

If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name, the date signed, their address, telephone number, and email address.

Check the box if there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.