

**APPLICATION FOR
WITHDRAWAL OF FUNDS**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF THE
GUARDIANSHIP/CONSERVATORSHIP OF

Case No. _____

**APPLICATION FOR
WITHDRAWAL OF FUNDS**

Ward/Incapacitated Person/Protected Person

I, _____, the guardian/conservator, request from the court approval to withdraw \$_____ from the assets of the ward/incapacitated person/protected person for the following reason(s):

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

I acknowledge that I will receive a Notice of Hearing when I file my application. After I receive the Notice of Hearing from the county court, it is my responsibility to send a copy of this Application for Withdrawal of Funds and the Notice of Hearing to all interested persons.

I further acknowledge that I must file a Certificate of Mailing for both this Application for Withdrawal of Funds and the Notice of Hearing with the county court proving that I have given notice of the hearing date to all interested persons.

I, the undersigned guardian/conservator, swear or affirm, **under the penalties of perjury**, that I have examined the above documents, and to the best of my knowledge and belief, they are true, correct and complete.

Signature(s) of Guardian(s) and/or Conservator(s)

Date

Print or Type Name of Guardian(s) and/or Conservator(s)

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

Bar Number and Firm Name (attorneys only)

City/State/ZIP Code of Guardian(s) and/or Conservator(s)

Phone(s)

E-mail Address(es)