

INSTRUCTIONS FOR APPLICATION AND AFFIDAVIT FOR INTERVENTION ON BEHALF OF THE WARD/MINOR WARD/PROTECTED PERSON

The purpose of this form is to tell the court that you have a concern about safety, health or financial welfare of the ward/minor ward/protected person.

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

- Printing the form and handwriting the answers.
- Completing the form electronically.

1. HEADING

- a. Choose the county in the drop down box below the first blank.
- b. Enter the case number assigned by the clerk of the court.
- c. Enter the name of the ward/minor ward/protected person.

IN THE COUNTY OF COUNTY, NEBRASKA

IN THE MATTER OF Case No.

Ward/Minor Ward/Protected Person

2. BODY OF FORM

- a. Write in the facts that show your concerns are not being addressed by the guardian/conservator.

The ward's/minor ward's/protected person's safety, health, or financial welfare is at issue, and these issues are not being adequately addressed by the guardian/conservator, based upon the following facts:

(Attach additional pages for information or evidence.)

3. SIGNATURE SECTION

DO NOT SIGN THE FORM UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.

- i. The person filing the Application and Affidavit will sign their name.
- ii. Enter the date.
- iii. Print the person filing the Application and Affidavit name.
- iv. Enter the person filing the Application and Affidavit street address.
- v. If this form is completed by an attorney, there is a space for the bar number and firm name.
- vi. Enter the city, state, and zip code of the person filing the Application and Affidavit address.
- vii. Enter the person filing the Application and Affidavit telephone number with area code.
- viii. Enter the email address.

Signature

Date

Name

Street Address/P.O. Box

Bar Number and Firm Name (attorneys only)

City/State/ZIP Code

Phone

E-mail Address