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

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

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Choose the county from the drop-down list.

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

Describe the facts that lead you to believe the ward, minor ward, protected person's safety, health, or financial welfare are not being taken care of.

Nebraska State Court Form ✓ Printing the form and handwriting. REQUIRED the answers. Completing the form CC 16:2.21 Rev. 04/2020 Neb. Rev. Stat. § 30-2602.01 IN THE COUNTY COURT OF COUNTY, NEBRASKA Choose the cour 🔻 IN THE MATTER OF CASE No. APPLICATION AND Ward/Minor Ward/Protected Person. AFFIDAVIT FOR INTERVENTION ON BEHALF OF THE WELFARE OF THE WARD/MINOR WARD/ PROTECTED PERSON I swear or affirm, under the penalties of perjury: I am a person interested in the well-being of the ward/minor ward/protected. 2. 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) I ask the court to consider the welfare of the ward/minor ward/protected. person and issue an ex parte order in his/her best interest. An ex parte order issued under Neb. Rev. Stat. § 30-2602.01 shall remain in full force and effect for no more than 10 days, or until a hearing can be held on this matter,

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.

whichever is earlier.

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I understand that any interested person that submits an affidavit under this section

If completed by an attorney, enter your Bar Number.

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	Date:	
Printed Name:		
City/State/7TD Code:		
Telephone Number		
Email address:		
If completed by an attorney	:	
Bar Number:		
State of)	
State of) 55.	
County of)	
This document was aslessed	adand before maker	
	edged before me by	_
thisday of	, 20	
	Notary commission expires:	
Signature of Judge/Clerk of the Co	urt/Notary Public	
	Carriel Monther (if ann)	
Title:	Senai Number (ii any)	

DO NOT Sign and date the form until a notary is there to witness. Enter your printed name, your address, telephone number, and your email address.

The notary will complete this section WHEN they witness you signing the form.