Nebraska State Court Form REQUIRED CC 16:2.21 Rev. 04/2020 Neb. Rev. Stat. § 30-2602.01	**APPLICATION AND AFFIDAVIT FOR INTERVENTION ON BEHALF OF THE WELFARE OF THE WARD/ MINOR WARD/ PROTECTED PERSON**	☑ Printing the form and handwriting the answers. ☐ Completing the form electronically.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

Choose the county

IN THE MATTER OF

_____

Ward/Minor Ward/Protected Person

Case No. _____

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

I swear or affirm, **under the penalties of perjury**:

1. I am a person interested in the well-being of the ward/minor ward/protected person.
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)

3. 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, whichever is earlier.

I understand that any interested person that submits an affidavit under this section in bad faith, or submits an affidavit that the court determines lacks a factual basis, shall be ordered to pay the opposing party reasonable attorney's fees and costs.

_____ Date _____

Signature

_____ _____

Name Street Address/P.O. Box

_____ _____

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

_____ _____

Phone Email Address

State of_____)

) ss.

County of_____)

The foregoing instrument was acknowledged before me by_____, this

(Name)

_____ day of_____, _____.

(Day) (Month) (Year)

_____

Notary Public (Signature of Person Taking Acknowledgment)

_____My commission expires: _____

(Title or Rank) (Serial Number, if any)