

**APPLICATION AND AFFIDAVIT  
FOR INTERVENTION ON BEHALF OF  
THE WELFARE OF THE WARD**

REQUIRED

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

Case No. \_\_\_\_\_

IN THE MATTER OF

**APPLICATION AND AFFIDAVIT  
FOR INTERVENTION ON BEHALF  
OF THE WELFARE OF THE WARD**

\_\_\_\_\_  
Ward/Protected Person/Incapacitated Person

I, \_\_\_\_\_, state under oath

1. That I am a person interested in the wellbeing of the ward/protected person/incapacitated person.
2. That the ward's/protected/incapacitated 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 protected person and issue an ex parte order in the protected person's best interest, such order to remain in full force and effect for no more than 10 days, or until a hearing can be held on this matter.

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.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
Bar Number and Firm Name (attorneys only)

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail 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)

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

My commission expires: \_\_\_\_\_