

REQUIRED

**ACCEPTANCE OF APPOINTMENT OF TEMPORARY GUARDIAN**

Neb. Rev. Stat. § 30-2626(a),  
Neb. Ct. R. § 6-1443(A)

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

IN THE MATTER OF

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

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

**ACCEPTANCE OF APPOINTMENT OF TEMPORARY GUARDIAN**

I, \_\_\_\_\_, accept appointment as temporary guardian of  
(name of guardian(s))  
\_\_\_\_\_, and swear that I will perform, according to law,  
(name of ward/incapacitated person)  
all duties for the ward/incapacitated person as temporary guardian.

\_\_\_\_\_  
Signature(s) of Guardian(s)

Date \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name of Guardian(s)

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

\_\_\_\_\_  
Street Address/P.O. Box of Guardian(s)

\_\_\_\_\_  
City/State/ZIP Code of Guardian(s)

\_\_\_\_\_  
Phone of Guardian(s)

\_\_\_\_\_  
E-mail Address of Guardian(s)