

**ACCEPTANCE OF  
APPOINTMENT OF  
TEMPORARY GUARDIAN BY  
THE PUBLIC GUARDIAN**

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

IN THE MATTER OF

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

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

**ACCEPTANCE OF APPOINTMENT  
OF TEMPORARY GUARDIAN BY  
THE PUBLIC GUARDIAN**

The Public Guardian accepts the appointment as temporary guardian of \_\_\_\_\_,  
(ward/incapacitated person)  
and swears that they will perform, according to law, all duties for the ward/incapacitated person as temporary guardian.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name

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

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

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

\_\_\_\_\_  
Phone of

\_\_\_\_\_  
E-mail Address