PACKET MA—GUARDIANSHIP FOR A MINOR ANNUAL REPORT

Who may use Packet MA? Guardians for a minor who are not serving as conservator and who have control of any of the minor ward's property, money, assets, possessions or income (including Social Security or other benefits)

What are you reporting to the court? The current status of your minor ward's health, property and finances, including all money received by and all expenses paid from your minor ward's income and/ or assets during the reporting period.

When are the forms to be used? A guardian must file a completed Packet MA with the court every year. Your first accounting year ends one year after the date the Court entered an Order appointing you as Guardian. Packet MA must be filed within 30 days. The accounting year ending date and Packet A filing date will be the same in all following years.

For example, if the Order of Appointment was entered on June 10, 2018, then your first accounting year begins June 10, 2018 and ends June 9, 2019 with your first Packet A due to be filed by July 9, 2019. The second accounting year will end June 9, 2020 and the second Packet A will be due to be filed by July 9, 2020.

What information will be helpful to gather before completing your packet?

- Account Statements for each account owned by the minor ward for the entire year
- Checkbook register for the entire year (do **not** file the checkbook register with your packet).
- If this is the first Packet MA filing, you will need a copy of the original Inventory
- For all following years, you will need to pull out a copy of last year's Packet MA filing
- List of Interested Parties

The cost of filing this packet is $10 if an accounting is included. The cost of filing this packet is $5 if an accounting is not required.

If you need additional copies of this packet, forms are available on the Supreme Court website: **https://supremecourt.nebraska.gov/forms**.

Hearings on Packet MA *:* A court hearing will only be scheduled if the court has any questions about the accounting, if an interested person files an objection to the accounting, or if the Guardian files a separate Application for Approval of Annual Accounting and/or Fees.

Specific Instructions: Packet MA :

►**Annual Report of Guardian for a Minor**: The Guardian answers questions to provide information on the minor ward's well-being.

►**Updated Inventory:** The Guardian answers questions, fills in requested information and provides an account balance or value for each financial account (checking, savings, certificate of deposit, investment account, etc.) as of the last day of the reporting period.

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►**Accounting**: If the Guardian spent from or added to the minor ward's account(s) during the accounting period, you must list amounts received and paid out from each account on behalf of the minor ward, to whom monies were paid and for what purpose the payments were made. The accounting may be completed using and attaching a separate accounting program report or spreadsheet (i.e. Excel, Quicken, QuickBooks, etc.) as long as it provides the same information requested.

The beginning balance of each account should match the account balance from the original inventory (for the first reporting year) or the last year's inventory ending balance (all following years)

Add as many additional accounting pages as needed. The ending balance on your accounting should match the balance you placed on the Updated Inventory for the current year.

►**Notice of Right to Object**: You must complete this form.

►**Certificate of Mailing**: This Certificate informs the court that you have mailed copies of the Packet MA to all "interested persons." List the names and addresses of the interested persons you sent the forms to on this form. Only mail the completed Packet MA to "interested persons" DO NOT mail copies of bank statements to interested persons.

►**Filing with the Court** Pay the filing fee and file the original completed and signed Packet MA with the Court AND with copies of all financial statements (checking, savings, investment accounts, etc.) covering the accounting period. All personal information should be blacked out along with all but the last four digits of account numbers.

Do not send bank account or financial account statements to the interested persons.

Packet Worksheet

Please Note: If you download this annual report from the Judicial Branch website and type in the blanks on this page, the information will automatically fill in the corresponding blanks on the following pages.

It is your responsibility to make sure the information transferred correctly.

Minor ward and Case information:

☑ Printing the form and handwriting the answers.
☐ Completing the form electronically.

Name of minor ward: _____

County the case is filed in: _____

Case Number: _____

Annual reporting period: _____ to _____

Interested persons (Include government agency paying benefits and bonding company, if any):

Name:	Address:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ If there are more interested persons than listed above, check the box to the left and include them on a separate sheet of paper. – Note – You will file the separate sheet with the additional names and addresses with the court when you file the certificate of mailing form.

Guardian information:

Name of Guardian: _____

Street Address/P.O. Box of Guardian: _____

City/State/ZIP Code: _____

Telephone Number: _____ Email address: _____

If this is being completed by an attorney, Bar Number and Firm Name:

_____

Co-Guardian information: Is there more than one guardian? yes ☐ no ☑

Name of Co-Guardian: _____

Street Address/P.O. Box of Co-Guardian: _____

City/State/ZIP Code: _____

Telephone Number: _____ Email address: _____

Bar Number and Firm Name (Attorneys only): _____

The following reports were waived by order of the court:

☐ Annual report of guardian for a minor — Date waived _____

☐ Updated Inventory — Date waived _____

☐ Annual Accounting — Date waived _____

GUARDIANSHIP ANNUAL REPORTING FORMS PACKET MA

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case No. _____

_____
Minor ward

ANNUAL REPORT OF GUARDIAN FOR A MINOR

I, the undersigned, am the guardian of the above named minor ward. My annual report to the court is as follows:

1. Present age of minor ward: _____

2. Current physical address of the minor ward:

_____

3. The minor ward's residence is:
   - ☐ guardian's home
   - ☐ nursing home/skilled care facility/assisted living
   - ☐ boarding/extended family home
   - ☐ other: _____

4. If The minor ward has changed residence within the past year, state reasons for change:

_____
_____

5. If you do not live with the minor ward, how often do you see the minor ward? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other (describe):

_____
_____

6. At any time during the past year, did the minor ward have a social worker or case worker?

   ☐ Yes ☐ No.
   If yes: Name: _____

7. During the past year, the minor ward has attended _____ school and is in the_____ grade.

8. State any information about the minor ward you believe is important for the court to know.

_____
_____
_____
_____

9. Do you have possession or control of the minor ward's money, assets, possessions, income, social security or other benefits?

☒ YES (Complete this entire packet.)

I, as guardian, understand that if any of the following income benefits are received for the minor ward by me, I must attach my accounting unless waived by the court.

Social Security
SSI Supplemental Security Income (child disability) Veterans or military benefits
Railroad retirement benefits

I, as guardian, understand that if I receive funding/benefits from the following sources to provide care to the minor ward, I am not required to report to this court:

Child Support	Foster Care Payments
State or Federal Subsidies	Food Stamps/Reduced Lunch Payments
Medicaid	Housing assistance

☐ NO. (Complete pages: 1, 2, 7, 8 and 9 of this packet.)
The person who has possession or control is: _____

☐ Other: (Complete pages: 1, 2, 7, 8 and 9 of this packet.)
The minor ward receives no money, assets, possessions, income, social security or other benefits.

_____
_____

UPDATED INVENTORY

TO THE GUARDIAN: To protect personal information, only the last four digits of the account number should be provided on this form.

The Inventory listed below is as of the ending date of this Annual Report, _____.

Are there any changes to any of the accounts identified on your last filed Personal and Financial Information Form? (Check the appropriate box) ☐ Yes ☐ No. If the answer is "Yes", you must complete an Updated Financial Information form (CC 16:2.40) and file it with this form.

DO NOT SEND THE UPDATED FINANCIAL INFORMATION FORM TO THE INTERESTED PARTIES.

1. PERSONAL PROPERTY:

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card?	New Account?	Last 4 digits of account number	Balance as of Reporting Ending Date (listed above)
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$
		☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	__ __ __ __	$

TOTAL : $ _____

1. PERSONAL PROPERTY (Continued):

TYPE OF PROPERTY	PRESENT VALUE
Stocks, Bonds and Other Securities (Attach List of Brokerage Firms)	
Vehicles	
Household goods and furnishings	
Other: _____	

TOTAL : $_____

2. JOINTLY HELD PROPERTY:

TYPE OF PROPERTY	WITH WHOM	PRESENT VALUE

TOTAL: $_____

3. Does the ward/minor ward/protected person own or have an interest in Real Property?
☐ Yes ☐ No. If yes, complete below:

REAL PROPERTY (List location by address and value):

Note: legal property descriptions may be obtained from the Register of Deeds in the county that the property is located. For longer descriptions, reference the location and legal description on a separate page.

LOCATION/ADDRESS	LEGAL DESCRIPTION	VALUE

NOTICE: You must file your Letters of Guardianship and/or Conservatorship with the Register of Deeds in any county where the ward/minor ward/protected person has real property or an interest in real property.

Have the Letters of Guardianship and/or Conservatorship been filed with the Register of Deeds in each county where each parcel is located? ☐ Yes ☐ No

4. INCOME (Monthly):

SOURCE OF INCOME	MONTHLY AMOUNT
Wages - Employer name: _____	
Social Security	
Supplemental Security income	
Veterans Administration benefits	
Pension/Annuity	
Interest Income	
Dividend Income	
Other:	
Other:	

TOTAL: $_____

5. Are there any credit cards or other debt of the ward's/minor ward's/protected person's name?
☐ Yes ☐ No. If yes, complete below:

CREDIT CARD(S) of the ward/minor ward/protected person (If applicable)

Financial Institution Name	**Name on the Card**	**Last 4 digits of account number**	**Balance as of Last Statement**
		__ __ __ __	$
		__ __ __ __	$

OTHER DEBT of the ward/minor ward/protected person (If applicable)

Financial Institution Name	**Description**	**Last 4 digits of account number**	**Balance as of Last Statement**
		__ __ __ __	$
		__ __ __ __	$

ACCOUNTING

TO THE GUARDIAN: Complete only if funds have been spent from or added to the ward's/ protected person's account(s) since the last inventory was submitted. Debit transactions, if any, must be included. Provide the information below or attach the information on separate pages similar to this form and format.

Bank Name: _____

Last four digits of account number: _____
Beginning date of accounting: _____
Ending date of accounting: _____

Beginning Balance: [ ]

Date	Check Number	Received from/Paid to	Purpose	Amount received	Amount paid	Balance

(If more space is needed, copy this form, number additional pages as page 1 **of** 1**, and attach)**

Additional Page **Additional Account**

I swear or affirm, **under the penalties of perjury**, that I have examined the Annual Report of Guardian on Condition of Ward, Updated Inventory, and Accounting, and to the best of my knowledge and belief, they are true, correct and complete.

_____ Signature of Guardian	Date _____
_____ Print or Type Name of Guardian	_____ Street Address/P.O. Box of Guardian
_____ Bar Number and Firm Name (attorneys only)	_____ City/State/ZIP Code of Guardian
_____ Phone	_____ Email Address

Is there more than one guardian? yes ☐ no ☑

_____
Ward
_____County Court

Case No. _____

NOTICE OF RIGHT TO OBJECT

The following documents have been filed in the above referenced case:

Annual Report;

Other(if any):

_____
_____
_____
_____

If you object to the contents or accuracy of these filings, you may file an objection and request a hearing before the court. You have 10 days from the date these documents were filed with the court to complete and file the Objection form which can be obtained on the Nebraska Supreme Court website, https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-17.pdf.

_____ Date _____
Signature of Guardian

_____ _____
Print or Type Name of Guardian Street Address/P.O. Box of Guardian

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

_____ _____
Phone Email Address

Is there more than one guardian? yes ☐ no ☑

_____
Ward
_____ County Court
Case No. _____

CERTIFICATE OF MAILING

I,_____,swear or affirm, **under the penalties of perjury**, that copies of the forms listed below were mailed to all interested persons (including government agencies providing benefits) and bonding company, if any, at the addresses set forth below on _____:

Annual Report;

Other(if any):

_____
_____
_____

NAME	**ADDRESS**

☐ See attached (more names and addresses than above)

_____ Date _____
Signature of Guardian or their attorney

_____ _____
Print or Type Name of Guardian or their attorney — Street Address/P.O. Box of Guardian or their attorney

_____ _____
Bar Number and Firm Name (attorneys only) — City/State/ZIP Code of Guardian or their attorney

_____ _____
Phone — Email Address

Is there more than one guardian? yes ☐ no ☑