

COMPLETING THE FORMS IN THE ANNUAL REPORTING PACKET “MB”

The following pages will show instructions for completing the pages included in the packet.

Read everything on the first page of the packet very carefully.

The Annual Reporting Packet includes:

PACKET WORKSHEET –

Use this page to list information that will be used in many places on the other forms. If you complete this form on the computer, the information you provide on this page will automatically transfer to the following pages that contain the same information.

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

REPORT OF GUARDIAN FOR A MINOR –

Use these pages to provide the guardian’s opinion of the ward’s well-being.

UPDATED INVENTORY –

Use these pages to give an updated listing of what the minor ward/protected person owns or receives.

BUDGET REPORT –

Use this page to provide the total amount spent in each of the budget categories for the 12-month reporting period, and to explain any change in monthly expenses that was not previously reported.

SIGNATURE SECTION –

When you sign this section, you are swearing that to the best of your knowledge, the information in the report is complete and true.

NOTICE OF RIGHT TO OBJECT –

This page informs the interested parties what you filed, and that they have the right to object to the contents of what was filed.

CERTIFICATE OF MAILING –

THE GUARDIAN AND/OR CONSERVATOR OR THEIR ATTORNEY will complete the Certificate of Mailing form and file it with the court to show that the required documents were mailed to all the interested persons you list.

PACKET WORKSHEET

Answer the question.

Enter the name of the minor ward or protected person.

Choose the county from the drop-down.

Enter the case number.

If there are more interested persons than there are spaces, check the box and list them on another page.

Enter the guardian's/conservator's information in the spaces.

If there is a co-guardian/co-conservator, check "yes" and enter their information in the additional spaces.

Is this a conservatorship ONLY? ☐ yes ☒ no

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

Ward/Protected Person and Case Information:

Name of ward/protected person: _____

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 and/or Conservator Information:

Name of Gdn/Cons: _____

Street Address/P.O. Box of Gdn/Cons: _____

City/State/ZIP Code: _____

Telephone Number: _____ Email address: _____

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

Co-Gdn/Cons: Information: Is there more than one guardian and/or conservator? ☒ yes ☐ no

Name of Co-Gdn/Cons: _____

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

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:

	Date waived
<input type="checkbox"/> Annual report of guardian on condition of ward	_____
<input type="checkbox"/> Updated Inventory	_____
<input type="checkbox"/> Budget Report	_____

If you are printing the form and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

Enter the beginning and ending dates of the reporting period.

Enter the name and address for interested persons. These are the interested persons named in the petition who did NOT send in the Waiver of Notice form, government agencies providing benefits, and the bonding company (if any)

If a report was waived, check the box, and enter the date it was waived.

REPORT OF GUARDIAN ON CONDITION OF MINOR WARD

Page 1 of 9

Enter the name of the county.

Enter the name of the minor ward.

Enter the current age of the minor

Check the box for what type of place the minor ward lives in. If "other", explain.

Check the box that answers the question. If "other", describe.

Enter the name of the school and the grade the minor ward was in during the past year.

Enter the case number.

Enter the minor ward's current physical address.

If the ward has moved within the last year, explain the reason for the change.

Check the box to answer the question. If "yes", name the worker.

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 the 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 ward has moved within 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.

Use these lines to
tell the court
any additional
information you
believe is important
for them to know.

Page 2 of 9

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

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

UPDATED INVENTORY

Page 3 of 9

Check the box that answers the question. If "yes", complete an Updated Financial Information form.

Enter the ending date of this Annual Report.

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)
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____
		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$ _____

TOTAL: \$ _____

Section 1.
For each checking account, savings account, and certificate of deposit, enter the name of the financial institution, the title on the account, the **last four digits of the account number**, and the balance. Check the box for the type of the account, if there is a debit card, and if it is a new account.

Section 1. (cont.)

For other personal property, enter the present value of stocks, bonds, other securities, vehicles, household goods and furnishings, and other types of personal property.

Section 3. For

Real Property, check the box that answers if the ward owns or has an interest in real property. For each property, enter the address, the legal description, and the value. The legal descriptions may be obtained from the Register of Deeds in the county where the property is located.

Section 2. For jointly held property, enter the type of property, who it is owned with, and the present value. of the property.

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

NOTICE – when the Letters of Guardianship and/or Conservatorship are issued, you must file them with the Register of Deeds in the county where the real property is located.

Section 4. For income, enter the monthly amount received for each type of income. If the type of income isn't listed, use the "other" section and list what the source is. If the income is from wages, list the employer's name.

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
		_____	\$ _____
		_____	\$ _____

Section 5. for debt, check the box that answers the question of if there are any credit cards or other debt. If there is, enter the financial institution name, the name on the card or description of the debt, the **last four digits of the account number** and the balance.

BUDGET REPORT

Page 6 of 9

In the first column, enter the 12-month total of the amount paid to the guardian for each approved budget category.

In the second column, enter the 12-month total of the amount paid to someone else for each approved budget category.

Check the box that answers the question. If "yes", describe.

BUDGET REPORT

I have filed with this Annual Budget Report a copy of the bank statement and/or brokerage statement that includes the ending date and I have blacked out all but the last four digits of bank account numbers and social security numbers on the bank statement and/or brokerage statement.

During the reporting year, I have spent the following amounts in categories listed below:

Description	Total for 12 month reporting period	
Category	Amount Paid to Guardian/Conservator	Amount Paid to Someone Else
Housing (Rent, Utilities)		
Food		
Clothing		
Medical and Dental		
Spending money for the ward/minor ward		
Transportation		
Other (describe payment)		
Total Expenses		

Since the order setting the budget, has there been any change in monthly expenses that hasn't been reported previously?

☐ No
☐ Yes -- describe

SIGNATURE SECTION

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: _____ Date: _____

Printed Name: _____
(of guardian and/or conservator)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:
Bar Number: _____

Is there more than one guardian and/or conservator? ☒ yes ☐ no

Signature: _____ Date: _____

Printed Name: _____
(of co-guardian and/or co-conservator)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:
Bar Number: _____

Sign the form, and enter your printed name, the date signed, your address, telephone number, and your email address.

If completed by an attorney, enter your Bar Number.

Check the box if there is a co-guardian or co-conservator. If “yes” is checked, the second signature block appears.

If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name, the date signed, their address, telephone number, and email address.

NOTICE OF RIGHT TO OBJECT

Page 8 of 9

Enter the case information including the name, county, and case number.

Use these lines to list any forms OTHER than the Annual Report you filed at this same time.

If completed by an attorney, enter your Bar Number.

If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name, the date signed, their address, telephone number, and email address.

Ward _____
Choose the county 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>

Signature: _____ Date: _____
Printed Name: _____
(of guardian and/or conservator)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____
If completed by an attorney:
Bar Number: _____

Is there more than one guardian and/or conservator? ☒ yes ☐ no

Signature: _____ Date: _____
Printed Name: _____
(of co-guardian and/or co-conservator)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____
If completed by an attorney:
Bar Number: _____

Sign the form, and enter your printed name, the date signed, your address, telephone number, and your email address.

Check the box if there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.

CERTIFICATE OF MAILING

Page 9 of 9

Enter the case information including the name, county, and case number.

Enter the name of the person who sent the forms.

List the names and addresses of the interested person(s).

Check the box if there are more names and addresses than these and list them on a separate page.

If completed by an attorney, enter your Bar Number.

If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name, the date signed, their address, telephone number, and email address.

Ward _____
Choose the county 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)

Signature: _____ Date: _____
Printed Name: _____
(of guardian and/or conservator or their attorney)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____
If completed by an attorney:
Bar Number: _____

Is there more than one guardian and/or conservator? ☒ yes ☐ no

Signature: _____ Date: _____
Printed Name: _____
(of co-guardian and/or co-conservator or their attorney)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____
If completed by an attorney:
Bar Number: _____

Enter the date the copies of the forms were sent.

Use these lines to list any forms OTHER than the Annual Report you filed at this same time.

Sign the form, and enter your printed name, the date signed, your address, telephone number, and your email address.

Check the box if there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.

* Pursuant to [Neb. Rev. Stat. § 30-2601](#), interested persons are defined as:

- children and spouses;
- future heirs if the ward/incapacitated person/protected person would die without leaving a valid will (brothers and sisters who are adults, grandparents, etc.);
- a trustee of any trust executed by the ward/incapacitated person/protected person;
- if there are no individuals defined as “interested persons” above, include any person or organization named as a “devisee” in the ward’s/incapacitated person’s/protected person’s most recent will;
- after death of the ward/incapacitated person/protected person, interested person also includes the personal representative of a deceased ward’s/incapacitated person’s/protected person’s estate, the deceased ward’s/incapacitated person’s/protected person’s heirs in an intestate estate, and the deceased ward’s/incapacitated person’s/protected person’s devisees in a testate estate;
- any governmental agency paying benefits on behalf of the ward/incapacitated person/protected person; and
- any person designated by order of the court to be an interested person.

If there are no interested persons identified for a ward/incapacitated person/protected person, the court shall appoint a guardian ad litem (Nebraska Supreme Court Rule § 6-1449(B)). The cost of the guardian ad litem may be taken from the assets of the ward/incapacitated person/protected person.