

INSTRUCTIONS FOR THE COMPLETION OF FORMS INCLUDED IN THE ANNUAL REPORTING PACKET “C”

Read all of the instructions on the first page of the packet very carefully. Once you have read that page:

1. Fill in all of the information on the Packet Worksheet Page.
 - a. If you are printing the packet and handwriting the answers, you will check the first box. If you are typing in your answers, you will check the second box.

Printing the form and handwriting the answers.

Completing the form electronically.

- b. If you are completing this form electronically, 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.

- i. Enter the name of the protected person.
 - ii. Enter the name of the county this case was filed in.
 - iii. Enter the case number that was assigned by the clerk of the court.
 - iv. Enter the beginning date and ending date of this reporting period.

i. Name of protected person: _____

ii. County the case is filed in: _____

iii. Case Number: _____

iv. Annual reporting period: _____ to _____

- v. Enter the name and address for interested persons.
 1. 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)

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____

- vi. If there are more interested persons than there are available spaces, check the box 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.

If there are more interested persons than there are available spaces, check the box and include them on a separate sheet of paper with the court when you file the certificate of mailing form.

vii. Enter the conservator's information in the spaces provided.

vii. Name of Guardian: _____
Street Address/P.O. Box of Guardian: _____
City/State/ZIP Code: _____
Telephone Number: _____ E-mail address: _____
If this is being completed by an attorney, Bar Number and Firm Name: _____

viii. **If this is a co-conservatorship, both party's information must be entered.**

For the second set of blanks to appear, check the (a.) "yes" box on the question located below the first signature block:

viii. Is this a Co-guardianship and/or Co-conservatorship? Yes No

ix. **IF** any of the reports included in this packet were **previously** waived by order of the court, check the box to the left of the report that was waived **and** enter the date of the order waiving the report in the blank to the right of the report name.

ix. Updated Inventory Date waived _____
 Annual Accounting Date waived _____

If you completed the General Information Page by filling in the blanks on your computer, some of the sections listed below will already be completed for you. If you printed out the form, you will need to follow the instructions and complete all sections on each page.

INSTRUCTIONS FOR FIRST PAGE OF THE ANNUAL REPORT

The purpose of page is to provide information regarding who has control of the protected person’s money, assets, possessions or income.

1. HEADING

- a. Enter the county where the action is filed.
- b. Enter the case number assigned by the clerk of the court.
- c. Enter the name of the ward/minor ward/protected person.

_____ a. _____
IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
IN THE MATTER OF _____ b. Case No. _____
c. _____
Ward/Minor Ward/Protected Person ADDRESS INFORMATION FOR

2. BODY OF FORM

- a. Answer the question in number 1.
 - i. If you checked “B”, answer the additional questions.
- b. Provide the current address of the protected person in number 2.

INSTRUCTIONS FOR UPDATED INVENTORY

The purpose of this form is to give an updated listing of what the ward/minor ward/protected person owns or receives. This is required annually.

- i. Enter the ending date of the annual report.

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

- ii. Answer the question if there are any changes to the accounts since you filed your Personal and Financial Information form.
 - If you answer “yes” – you must file an Updated Financial Information Form with this form, but DO NOT SEND the Updated Financial Information Form to the Interested Parties.

ii. _____
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 and file it with this form. DO NOT SEND THE UPDATED FINANCIAL INFORMATION FORM TO THE INTERESTED PARTIES.

BODY OF FORM

The numbers listed below correspond to the numbers of the sections on the form.

1. Personal Property –

- a. For ALL checking accounts, savings accounts and certificates of deposit in the name of the ward/minor ward/protected person:

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card?	New Account?	Last 4 digits of account number	Balance
i.	ii.	iii. <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	iv. <input type="checkbox"/> yes <input type="checkbox"/> no	v. <input type="checkbox"/> yes <input type="checkbox"/> no	vi. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	vii. \$ <input type="text"/>

- i. enter the name of the financial institution (bank).
- ii. enter the name on the account.
- iii. check the box that describes what type of account it is (i.e. checking, savings or certificate of deposit)
- iv. if THIS account has a debit card attached to it, check the box for “yes”, and if it does not have a debit card attached to it, check the box for “no”.
- v. if THIS account is a NEW account, check the box for “yes”, and if it is not a new account, check the box for “no”.
 1. If this is a new account opened after the Personal and Financial Information form was filed with the court, you must fill out and file an Updated Financial Information form (CC 16:2.40)
- vi. enter **ONLY the LAST 4 digits** of the account number. This is to protect personal information.
- vii. enter the balance of the account as of the last day of the reporting period.

- b. For other types of personal property, enter the present value of:

	TYPE OF PROPERTY	PRESENT VALUE
i.	Stocks and Bonds	
ii.	Vehicles	
iii.	Household goods and furnishings	
iv.	Other: <input type="text"/>	

- i. stocks and bonds.
- ii. vehicles.
- iii. household goods and furnishings.
- iv. other type of personal property (enter type of property).

2. Jointly held Property

- a. Enter the type of property, who the property is owned with and the present value in the spaces provided.

TYPE OF PROPERTY	WITH WHOM	PRESENT VALUE

3. Real Property

- a. If the ward/minor ward/protected person owns or has interest in real property (land, house, etc.) check the box for “yes”, and enter the location/address, legal description and value in the spaces provided.

LOCATION/ADDRESS	LEGAL DESCRIPTION	VALUE
	i.	

- i. 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/address and legal description on a separate page.
- ii. **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.
- b. If the ward/minor ward/protected person does NOT own or have any interest in real property, check the box for “no”.
- c. Answer the question of “Have the Letters of Guardianship and or Conservatorship been filed with the Register of Deeds in each county where each parcel is located?”

c. **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

- a. Enter the monthly amount received by the ward/minor ward/protected person in the space to the right of the type of income.
- i. Use the types of income listed or identify a source not already listed under “other”
1. For Wages, identify the employer(s).

SOURCE OF INCOME	MONTHLY AMOUNT
1. Wages - Employer name: i.	

5. Credit Cards and Other Debt

- a. If the ward/minor ward/protected person has any credit cards or other debt in their name, check the box for “yes”.

Financial Institution Name	Description	Last 4 digits of account number	Balance as of Last Statement
i.	ii.	iii.	iv.
			\$

- i. enter the name of the financial institution;
 - ii. the name on the card or a description of the debt;
 - iii. **ONLY the LAST 4 digits** of the account number (Entering only the last 4 digits is to protect personal information.); and
 - iv. balance as of the last statement.
- b. If the ward/minor ward/protected person does NOT have any credit cards or other debt in their name, check the box for “no”.

INSTRUCTIONS FOR ANNUAL ACCOUNTING

The purpose of this form is to provide a line by line explanation of what has been received and what has been spent out of each of the ward’s/minor ward’s/protected person’s accounts.

Only use this individual form if you did not use the form included in your annual packet.

3. BODY OF FORM

- a. Enter the name of the bank.
- b. Enter the last four digits of the account number. (DO NOT ENTER THE WHOLE ACCOUNT NUMBER)
- c. Enter the beginning date of the accounting.
- d. Enter the ending date of the accounting.

transactions, if any, must be included.

Bank Name: _____ a.

Last four digits of account number: _____ b.

Beginning date of accounting: _____ c.

Ending date of accounting: _____ d.

- e. Enter the beginning balance

e. Beginning Balance: _____

- f. Enter the details of each transaction.
 - i. Date of the transaction.
 - ii. Check number (if any)
 - iii. Who the money was received from or paid to.
 - iv. What it was for.
 - v. Amount Received or Amount Paid

- vi. The balance after this transaction. (If this is being completed electronically, the form will calculate this automatically)

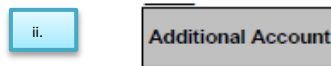
i. Date	ii. Check Number	iii. Received from/Paid to	iv. Purpose	v. Amount received	Amount paid	vi. Balance

g. Additional pages.

- i. To enter more transactions for this account, Use the button that looks like this:



- ii. To enter transactions for a different account, Use the button that looks like this:



SIGNATURE SECTION

If this is a co-guardianship both must sign.

For the second signature block to appear, check the (a.) “yes” box on the question located below the first signature block:

a. Is this a Co-guardianship and/or Co-conservatorship? Yes No

- i. The guardian(s) will sign their name(s)
- ii. Enter the date.
- iii. Print the guardian(s) name(s).
- iv. Enter the guardian(s) street address(es).
- v. If this form is completed by an attorney, there is a space for the bar number and firm name
- vi. Enter the city, state, and zip code of the guardian(s) address(s).
- vii. Enter the guardian(s) telephone number(s) with area code.
- viii. Enter the email address(es).

i.	_____	ii.	_____
	Signature of Guardian and/or Conservator		Date:
iii.	_____	iv.	_____
	Print or Type Name		Address
v.	_____	vi.	_____
	Bar Number and Firm Name (Attorneys Only)		City, State and Zip Code
vii.	_____	viii.	_____
	Telephone		E-mail address

NOTICE OF RIGHT TO OBJECT

1. Enter the name of the ward/minor ward/protected person, the county name, and the case number in the upper left hand corner.
 - a. If you are completing this form electronically, these will automatically fill in for you.

1.
Ward/Minor Ward/Protected Person
 County Court
Case No.

2. If you filed any other documents at the same time you filed the annual report, list them in the space provided under "other".
3. Complete the information in the signature section of this form.

If this is a co-guardianship both must sign.

For the second signature block to appear, check the (a.) "yes" box on the question located below the first signature block:

a. Is this a co-guardianship and/or Co-conservatorship? Yes No

- iii. The guardian(s) will sign their name(s)
- iv. Enter the date.
- ix. Print the guardian(s) name(s).
- x. Enter the guardian(s) street address(es).
- xi. If this form is completed by an attorney, there is a space for the bar number and firm name
- xii. Enter the city, state, and zip code of the guardian(s) address(s).
- xiii. Enter the guardian(s) telephone number(s) with area code.
- xiv. Enter the email address(es).

CERTIFICATE OF MAILING

a. TO THE GUARDIAN AND/OR CONSERVATOR OR THEIR ATTORNEY: You need to complete the Certificate of Mailing form and file it with the court showing that you mailed the required documents to all the interested persons you list.

- i. Enter the name of the ward/minor ward/protected person, the county name, and the case number in the upper left hand corner.

i.
Ward/Minor Ward/Protected Person
 County Court
Case No.

- ii. If you are completing this form electronically, these will automatically fill in from the information

you already entered.

- iii. Enter the name of the person who is swearing that they filed the required forms and mailed the copies of the Annual Report and the Notice of Right to Object to the interested persons. (This is the guardian or their attorney)
- iv. List all of the interested persons* and their addresses on the lines provided.

iv.	<u>NAME(S) OF INTERESTED PERSON(S)</u>	<u>ADDRESS(ES)</u>
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- v. **IF** there are more names and addresses for interested persons* than the spaces on the form provide room for, check the box next to “See Attached” and attach a sheet with the name and address of each additional person.

v.	<input type="checkbox"/> See attached (more names and addresses than above)
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c. SIGNATURE SECTION

If this is a co-guardianship and/or co-conservatorship both must sign.

For the second signature block to appear, check the (a.) “yes” box on the question located below the first signature block:

a..
Is this a Co-guardianship and/or Co-conservatorship? <input type="checkbox"/> Yes <input type="checkbox"/> No

- i. The guardian(s) and/or conservator(s) will sign their name(s)
- ii. Enter the date.
- iii. Print the guardian(s) and/or conservator(s) name(s).
- iv. Enter the guardian(s) and/or conservator(s) street address(es).
- v. If this form is completed by an attorney, there is a space for the bar number and firm name
- vi. Enter the city, state, and zip code of the guardian(s) and/or conservator(s) address(s).
- vii. Enter the guardian(s) and/or conservator(s) telephone number(s) with area code.
- viii. Enter the email address(es).

i..		ii..	
	Signature of Guardian and/or Conservator		Date:
iii.		iv.	
	Print or Type Name		Address
v.		vi.	
	Bar Number and Firm Name (Attorneys Only)		City, State and Zip Code
vii.		viii.	
	Telephone		E-mail address

* 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.