

COMPLETING THE FORMS IN THE ANNUAL REPORTING PACKET “E”

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 ON CONDITION OF WARD –

Use these pages to provide the guardian’s opinion of the ward’s condition and the annual history of the ward’s contact with care professionals.

ADDITIONAL COMMENTS AND SIGNATURE SECTION –

Use this page to tell the court any additional information you want them to know about. 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

Enter the name of the 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 information in the spaces.

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

Ward and Case Information:

Name of ward: _____

County the case is filed in: Choose the county _____

Case Number: _____

Annual reporting period: _____ to _____

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

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 on condition of ward Date waived: _____

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 WARD

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Enter the name of the county.

Enter the name of the ward.

Enter the case number.

Answer the question and Use the lines to explain.

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

Enter the ward's current physical address.

Enter the year the ward started living at this address. If it is less than 1 year, explain the reason for the change.

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

Check the box that answers the question. If you say "no", check the box for how often to you contact the care provider. If "other", describe.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF _____ Case No. _____

Ward _____ ANNUAL REPORT OF GUARDIAN ON CONDITION OF WARD

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

- As guardian, I believe this guardianship should remain in place.
☐ Yes ☐ No Please explain:

- Current physical address of the ward:

- The ward's residence is:
☐ apartment/independent living/own home
☐ guardian's home
☐ nursing home/skilled care facility/assisted living
☐ boarding/extended family home
☐ other: _____
- The ward has lived in his or her current residence since _____.
If the ward has moved within past year, state reasons for change:

- How often do you visit the ward? ☐ Daily ☐ Weekly ☐ Monthly
☐ Other (describe) _____
- Are you the care provider? ☐ Yes ☐ No.
If you are not the care provider, how often do you contact the ward's care provider? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other (describe) _____

Check the box to answer the question. If “yes”, describe.

Check the box to answer the question for each type of professional. If “yes”, enter the name and date of the last visit. If “Other”, describe what type of professional and complete the other information.

Check the box to answer the question. If “no”, explain.

Check the box to answer the question. If “yes”, describe.

Check the box to answer the question. If “yes”, describe.

7. During the past year, has the ward’s mental health changed?

☐ Yes ☐ No.

If yes, describe:

8. During the past year, has the ward’s physical health changed?

☐ Yes ☐ No.

If yes, describe:

9. During the past year, the ward has been treated or evaluated by the following:

Yes/No	Professional	Name of Professional	Date of last visit
<input type="checkbox"/> Yes <input type="checkbox"/> No	Physician		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatrist/Psychologist		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social or other case worker		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other		

10. Does the ward participate in decision making?

☐ Yes ☐ No. If yes, briefly describe:

11. As guardian, in your opinion are the ward’s needs being met in their current living arrangements? ☐ Yes ☐ No.
If no, please explain:

ADDITIONAL COMMENTS AND SIGNATURE SECTION

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Use these lines to tell the court any additional information you want them to know.

Additional Comments:

I swear or affirm, under the penalties of perjury, that I have examined the Annual Report of Guardian on Condition of Ward and to the best of my knowledge and belief, it is 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: _____

If completed by an attorney, enter your Bar Number.

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

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.

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: _____

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

NOTICE OF RIGHT TO OBJECT

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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

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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.