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.

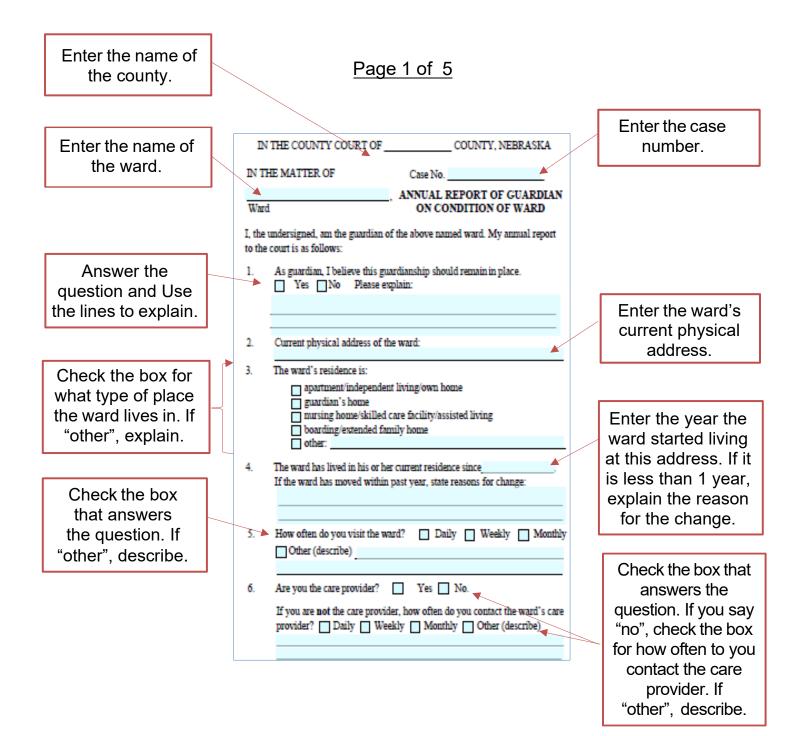
CERTIFICATE OF MAILING –

THE GUARDIAN AND/OR CONSERVATOR <u>OR</u> **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.

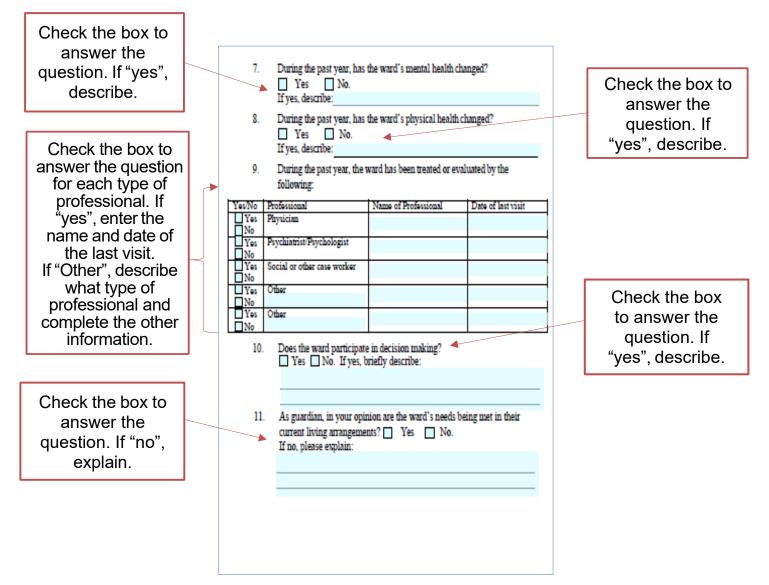
PACKET WORKSHEET

Enter the name of the ward or protected person.		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.
Choose the county from the drop-down.	Ward and Case Information:	
Enter the case number.	County the case is filed in: Chown the now view of the completing the form electronically. Case-Number:	Enter the beginning and ending dates of
	Interested persons (include government agency paying benefits and bonding company, if any): Name: Address:	the reporting period.
If there are more interested persons than there are spaces, check the box and list them on another page.	If there are more interested persons than listed above, check the box to the left and include them on a	Enter the name and address for interested persons. These are the interested persons named in the petition
Enter the guardian's information in the spaces.	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 AddressiP.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:	who did NOT send in the Waiver of Notice form, government agencies providing benefits, and the bonding company
If there is a co-guardian check "yes"	Co-Guardian Information: Is there more than one guardian? yet no Name of Co-Guardian:	(if any).
and enter their information in the additional spaces.	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 a report was waived, check the box, and enter the date it was waived.

REPORT OF GUARDIAN ON CONDITION OF WARD



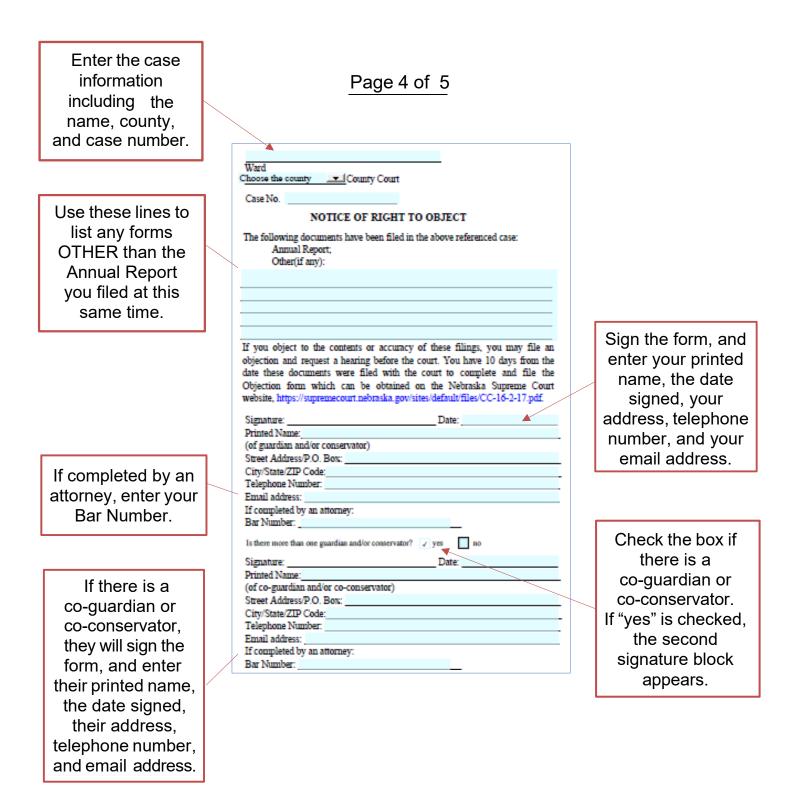
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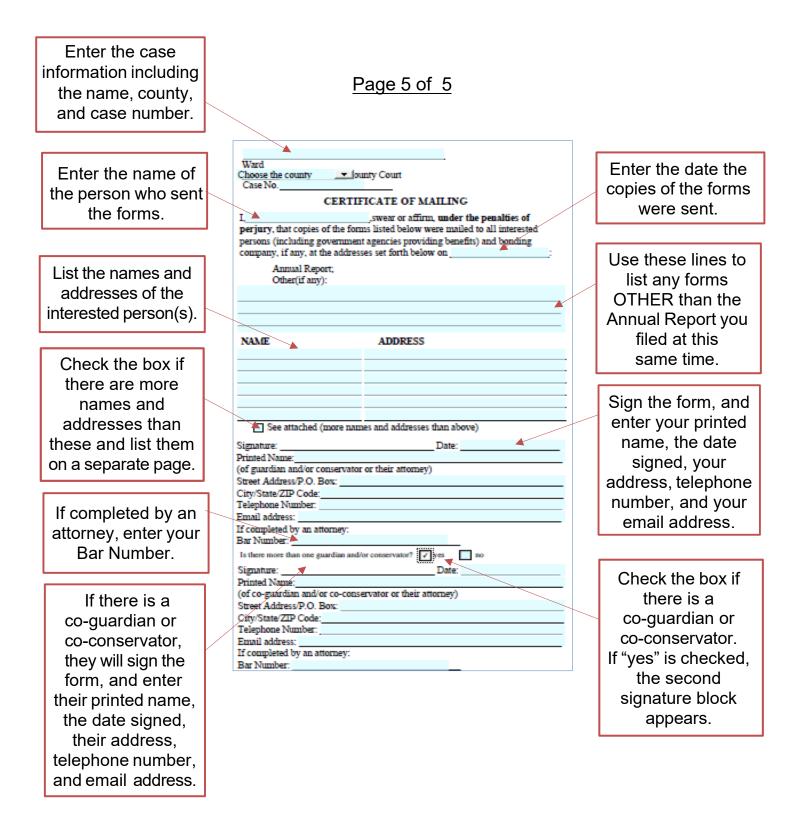
ADDITIONAL COMMENTS AND SIGNATURE SECTION

Use these lines to tell the court any additional information you want	Page 3 of 5 Additional Comments:	
them to know.		
	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.	Sign the form, and enter your printed name, the date signed, your address, telephone
If completed by an attorney, enter your	(of guardian and/or conservator) Street Address/P.O. Box: City/State/ZIP Code: Telephone Number: Exnail address:	number, and your email address.
Bar Number.	If completed by an attorney: Bar Number:	Check the box if there is a
If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name,	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:	co-guardian or co-conservator. If "yes" is checked, the second signature block appears.
the date signed, their address, telephone number, and email address.	Bar Number:	

NOTICE OF RIGHT TO OBJECT



CERTIFICATE OF MAILING



* 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.