PACKET E—GUARDIANSHIP WITH NO CONTROL OVER THE ESTATE OF THE WARD ANNUAL REPORT

Who may use Packet E? Guardians for an adult who are not serving as conservator and who DO NOT have control of any of the ward's property, money, assets, possessions or income (including Social Security or other disability or retirement benefits)

What are you reporting to the court? The current status of your adult ward's health during the reporting period.

When are the forms to be used? A guardian must file a completed Packet E with the court every year. Your first reporting year ends one year after the date the Court entered an Order appointing you as Guardian. Packet E must be filed within 30 days. The reporting year ending date and Packet E 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 reporting year begins June 10, 2018 and ends June 9, 2019 with your first Packet E due to be filed by July 9, 2019. The second reporting year will end June 9, 2020 and the second Packet E will be due to be filed by July 9, 2020.

What information will you need to gather?

- List of Interested Parties

The cost of filing this packet is \$5.

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

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

Specific Instructions: <u>Packet E</u> :

► <u>Condition of Ward</u>: The Guardian answers questions to provide information on the ward's well-being.

► <u>Notice of Right to Object</u>: You must complete this form.

► <u>Certificate of Mailing</u>: This Certificate informs the court that you have mailed copies of the <u>Packet</u> <u>E</u> 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 E to "interested persons".

► <u>Filing with the Court</u> Pay the filing fee and file the original completed and signed Packet E with the Court

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.

Ward and Case information:

Name of 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): Address: Name:

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:

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

GUARDIANSHIP WITH NO AUTHORITY OVER THE ESTATE ANNUAL REPORTING FORMS PACKET E

Nebraska State Court Form REQUIRED CC 16:2.33 Rev. 04/2020

HE	E MATTER OF Case No.				
d	, ANNUAL REPORT OF GUARDIAN ON CONDITION OF WARD				
	ndersigned, am the guardian of the above named ward. My annual report ourt is as follows:				
1	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				

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
Yes	Physician		
No			
Yes	Psychiatrist/Psychologist		
No			
Yes	Social or other case worker		
No			
Yes	Other		
No			
Yes	Other		
No			

- 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:

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.

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.

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)