

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

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 ward.
    - 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.

**Ward and Case information:**

i. Name of ward: \_\_\_\_\_

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.

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vii. Enter the guardian'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-guardianship, 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** the report included in this packet was **previously** waived by order of the court, check the box to the left of the report **and** enter the date of the order waiving the report in the blank to the right of the report name.

**The following reports were waived by order of the court:**

ix.  Annual report of guardian on condition of ward 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 ANNUAL REPORT OF GUARDIAN FOR A MINOR

The purpose of this form is to provide the guardian's record of the minor ward's residence, contact, schooling, social worker (if any) and any information regarding the minor ward you feel is important for the court to know.

## 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 questions in numbers 1-8

## 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.		Date:	ii.	
	Signature of Guardian and/or Conservator			
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. <input type="checkbox"/> Is this a co-guardianship and/or Co-conservatorship? <input style="margin-left: 20px;" type="checkbox"/> Yes <input style="margin-left: 20px;" type="checkbox"/> No
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- 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. NAME(S) OF INTERESTED PERSON(S)      ADDRESS(ES)  
\_\_\_\_\_

- 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.  See attached (more names and addresses than above)

**a. 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?  Yes  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.		Date:	ii.	
	Signature of Guardian and/or Conservator			
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.