

# **COMPLETING THE FORMS IN THE ANNUAL REPORTING PACKET “ME”**

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 FOR A MINOR –**

Use these pages to provide the guardian’s opinion of the ward’s well-being.

## **SIGNATURE SECTION –**

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 minor ward.

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 MINOR WARD

Page 1 of 4

Enter the name of the county.

Enter the name of the minor ward.

Enter the current age of the minor

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

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

Enter the name of the school and the grade the minor ward was in during the past year.

Enter the case number.

Enter the minor ward's current physical address.

If the ward has moved within the last year, explain the reason for the change.

Check the box to answer the question. If "yes", name the worker.

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

IN THE MATTER OF \_\_\_\_\_ Case No. \_\_\_\_\_

Minor Ward \_\_\_\_\_

**ANNUAL REPORT OF GUARDIAN FOR A MINOR**

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

1. Present age of the minor ward: \_\_\_\_\_
2. Current physical address of the minor ward: \_\_\_\_\_
3. The minor ward's residence is:  
☐ guardian's home  
☐ nursing home/skilled care facility/assisted living  
☐ boarding/extended family home  
☐ other: \_\_\_\_\_
4. If the ward has moved within past year, state reasons for change: \_\_\_\_\_
5. If you do not live with the minor ward, how often do you see the minor ward?  
☐ Daily ☐ Weekly ☐ Monthly  
☐ Other (describe): \_\_\_\_\_
6. At any time during the past year, did the minor ward have a social worker or case worker? ☐ Yes ☐ No  
If yes, name: \_\_\_\_\_
7. During the past year, the minor ward has attended: \_\_\_\_\_ school and is in the \_\_\_\_\_ grade.

## ADDITIONAL COMMENTS AND SIGNATURE SECTION

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Use these lines to tell the court any additional information you believe is important for them to know.

8. State any information about the minor ward you believe is important for the court 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.

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.

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.

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.