

COMPLETING THE UPDATED FINANCIAL INFORMATION FORM

Use this form to provide **ALL** of the **Full** Account numbers of the ward/minor ward/protected person when a new account has been opened or discovered.

THIS IS A **CONFIDENTIAL** DOCUMENT.

NEVER SEND THIS TO INTERESTED PARTIES IN THE CASE.

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Choose the county using the drop-down list.

Enter the name of the ward, minor ward, or protected person.

Enter the case number.

Enter all of the financial accounts of the ward, minor ward, or protected person.
List the full account number for each.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA <small>Choose the court</small>	
IN THE MATTER OF _____ Ward, Minor Ward, Protected Person	Case No. _____
UPDATED FINANCIAL INFORMATION FOR GUARDIANSHIPS AND CONSERVATORSHIPS	
1. You indicated the ward/minor ward/protected person has a new financial account.	
2. Identify <i>all current</i> financial accounts of ward/minor ward/protected person.	
FINANCIAL INFORMATION OF THE WARD OR PROTECTED PERSON	
Name(s) and address(es) of financial institution(s)	<u>Full</u> account number(s)
_____	_____
_____	_____
_____	_____
_____	_____

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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.

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.

Continued from first page:

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: _____