

COMPLETING THE APPLICATION FOR APPROVAL OF MONTHLY BUDGET

Use this form is to ask the court to approve a monthly budget for the ward, minor ward or protected person.

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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.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the court

IN THE MATTER OF _____ Case No. _____
Ward, Minor Ward, Protected Person

APPLICATION FOR APPROVAL OF MONTHLY BUDGET

The guardian for the ward/minor ward named above, requests that the court approve a monthly budget including any payments to be made to the guardian as shown below and that this budget remain in place from year to year until it is changed by the court.

Monthly Income:

SOURCE OF INCOME	MONTHLY AMOUNT
Wages - Employer name: _____	
Social Security	
Supplemental Security income	
Veterans Administration benefits	
Pension/Annuity	
Interest Income	
Dividend Income	
Other: _____	
Other: _____	
Total Income	

Monthly Expenses:

Category	Amount Paid to Guardian/Conservator	Amount Paid to Someone Else
Housing (Rent, Utilities)		
Food		
Clothing		
Medical and Dental		
Spending money for the ward/minor ward		
Transportation		
Other (describe payment)		
Total Expenses		

Enter the monthly amount the ward, minor ward or protected person receives from any of these sources. If it is from a job, list the name of the employer. If it is from "other", enter where it is from.

Enter the monthly amount the ward, minor ward or protected person pays for each of the categories. The amounts paid to the guardian/conservator or to someone else should be listed separate.

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If you are asking the court to let you take cash withdrawals from the ward's account(s) or to get cash back on transactions, enter the amount per month. Provide a good reason for this request. **After you print**, but before you file, you will initial in front of the statement.

Read this entire statement carefully.

____ (Initial if being requested) I request that the court authorize cash withdrawals by the guardian or cash back on transactions of up to \$ _____ per month. I request this because: (fill in reason)

I acknowledge that I will receive a notice of hearing from the court when I file my Application for Approval of Monthly Budget. *It is my responsibility* to send a copy of:

1. this Application for Approval of Monthly Budget of Guardian; and
 2. the notice of hearing
- to all interested persons no less than 14 days prior to the hearing date. I must then file a Certificate of Mailing showing I sent them to all interested persons.

The Certificate of Mailing Form (CC 16:2.49) is found at:
<https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-49.pdf>

I swear or affirm, under the penalties of perjury, that I have examined the above document, and to the best of my knowledge and belief, they are true, correct and complete.

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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.

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: _____

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 may 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.