

INSTRUCTIONS FOR APPLICATION FOR APPROVAL OF MONTHLY BUDGET

The purpose of this form is to ask the court to approve a monthly budget for the ward.

If you are printing the Application 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.

1. HEADING

- a. Choose the county in the drop down box below the first blank.
- b. Enter the case number assigned by the clerk of the court.
- c. Enter the name of the ward/minor ward/protected person.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF _____

Case No. _____

Ward/Minor Ward/Protected Person

2. BODY OF FORM

- a. Enter the source of income for the ward. This is the amount per month.
 - i. If the income is from employment, include the employer name.
- b. Total the amounts in the right hand column.
 - i. If this is being completed electronically, the total will be automatically entered.

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	

- c. Enter the expenses that are paid for out of the ward's money. This is an amount per month.
 - i. If the expense is paid to the guardian/conservator, enter it in the first fillable column.
 - ii. If the expense is paid to someone else, enter it in the second fillable column.
- d. Total the amounts in each fillable column.
 - iii. If this is being completed electronically, the total will be automatically entered.
- e. If you are asking that the court approve cash withdrawals, or the ability to receive cash back on transactions:
 - iv. enter the amount per month.
 - v. describe what the reason for is.

vi. AFTER the form is completed:

1. you will initial the line to the left of the statement if you are asking for this approval from the court.
2. you will write in "N/A" if you are NOT asking for this approval from the court.

c. Monthly Expenses:	i.	ii.
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)		d.
Total Expenses		

e. 1./2. _____ (Initial if being requested) I request that the court iv. authorize cash withdrawals by the guardian from ATM's or cash back on debit transactions of up to \$ _____ per month. I request this because: (fill in reason) _____ v. _____

3. SIGNATURE SECTION

a. 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(es).
- vii. Enter the guardian(s) and/or conservator(s) telephone number(s) with area code.
- viii. Enter the email address(es).

i.		ii.	
	Signature of Guardian and/or Conservator		Date:
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 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.