

**APPLICATION FOR
APPROVAL OF MONTHLY
BUDGET OF GUARDIAN**

CC 16:2.41 Rev. 12/16
Neb. Ct. R. § 6-1442.01

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case No. _____

Ward/Incapacitated Person

**APPLICATION FOR APPROVAL OF MONTHLY BUDGET
OF GUARDIAN, UPDATED INVENTORY, NOTICE OF
RIGHT TO OBJECT WHEN A HEARING HAS BEEN
SCHEDULED, AND CERTIFICATE OF MAILING**

_____, guardian for the ward/incapacitated person 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:

Social Security (either retirement or disability)	
Supplemental Security income	
Support payment of any type (e.g. alimony, child support)	
Wages - name of employer is (Fill in name: _____)	
Other (describe source)	
Other (describe source)	
Other (describe source)	
Total Income	

Monthly Expenses:

Rent and utilities paid to guardian	
Board (food) paid to guardian	
Rent and utilities paid to someone else (Fill in Name: _____)	
Board (food) paid to someone else (Fill in Name: _____)	
Transportation expense paid to guardian	
Transportation Expense paid to someone else (Fill in Name: _____)	
Spending money for the ward/incapacitated person	
Other (describe payment)	
Other (describe payment)	
Other (describe payment)	
Other (describe payment)	
Total Expenses	

_____ (Initial if being requested) I request that the court authorize cash withdrawals by the guardian from ATM's 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. After I receive the Notice of Hearing from the county court, it is my responsibility to send a copy of:

- 1. This Application for Approval of Monthly Budget of Guardian;**
- 2. Notice of Right to Object form; and**
- 3. Notice of Hearing**

to all interested persons no less than 14 days prior to the hearing date.

I must then file with the court a Certificate of Mailing showing I sent this Application for Approval of Monthly Budget of Guardian, Notice of Right to Object form and the Notice of Hearing to all interested persons.

UPDATED INVENTORY

TO THE GUARDIAN: To protect personal information, only the last four digits of the account should be provided on this form. Complete account information is provided on the Personal and Financial Information for Guardianships and Conservatorships form.

The inventory listed below is the inventory as of the ending date of this Annual Budget Report,

_____.

1. PERSONAL PROPERTY:

Checking Accounts

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Savings Accounts

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Certificates of Deposit

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Bank Name _____ \$ _____

Account no. XXX- _____ \$ _____

Stocks and Bonds \$ _____

Vehicles \$ _____

Household goods and furnishings \$ _____

Other: _____ \$ _____

TOTAL: \$ _____

2. JOINTLY HELD PROPERTY:

With whom _____ \$ _____
What _____ \$ _____
With whom _____ \$ _____
What _____ \$ _____

TOTAL: \$ _____

3. INCOME (Monthly):

Wages - Employer name: _____ \$ _____
Social Security _____ \$ _____
Supplemental Security income _____ \$ _____
Veterans Administration benefits _____ \$ _____
Company pension _____ \$ _____
Interest - From where: _____ \$ _____
Dividends - From where: _____ \$ _____
Other: _____ \$ _____

TOTAL: \$ _____

4. CREDIT CARD(S) belonging to ward/incapacitated person (If applicable)

Card Name _____
Account no.XXX- _____ \$ _____
Card Name _____
Account no. XXX- _____ \$ _____

TOTAL: \$ _____

5. REAL PROPERTY (List location by address and value):

Note: legal property descriptions may be obtained from the Register of Deeds in the county that the property is located. For longer descriptions, reference the location and legal description on a separate page.

Location _____ Value \$ _____
Legal description _____

Location _____ Value \$ _____
Legal description _____

Location _____ Value \$ _____
Legal description _____

Location _____ Value \$ _____
Legal description _____

TOTAL: \$ _____

NOTICE: You must file your Letters of Guardianship and/or Conservatorship with the Register of Deeds in any county where the ward/incapacitated person/protected person has real property or an interest in real property.

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

Signature(s) of Guardian(s)

Date _____

Print or Type Name of Guardian(s)

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s)

City/State/ZIP Code of Guardian(s)

Phone of Guardian(s)

E-mail Address of Guardian(s)

NOTICE OF RIGHT TO OBJECT WHEN A HEARING HAS BEEN SCHEDULED

TO THE GUARDIAN: As guardian, you must complete and mail this form to all interested persons and file it with the court.

You are notified that _____, guardian, has filed the following in the above referenced case on _____.
Date document(s) filed

Application for Approval of Monthly Budget and Inventory

Other:

If you object to the contents or accuracy of these filings, you may file an objection before the date of the scheduled hearing. The Objection form can be obtained on the Nebraska Supreme Court website, <https://supremecourt.nebraska.gov/forms>.

Signature(s) of Guardian(s)

Date _____

Print or Type Name of Guardian(s)

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s)

City/State/ZIP Code of Guardian(s)

Phone of Guardian(s)

E-mail Address of Guardian(s)

Ward/Incapacitated Person

Case No. _____

CERTIFICATE OF MAILING

TO THE GUARDIAN OR THEIR ATTORNEY: You need to complete and file this form with the court showing that you mailed the required documents marked below to all the interested persons you list below.

I, _____, swear or affirm, **under the penalties of perjury**, that on _____, I mailed copies of the forms marked below to all interested persons* and bonding company, if any, at the addresses set forth below:

Application for Approval of Monthly Budget and Inventory;
Notice of Hearing;
Notice of Right to Object form; and
Certificate of Mailing.

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)

Signature(s) of Guardian(s) or Their Attorney

Date _____

Print or Type Name of Guardian(s) or Their Attorney

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s) or Their Attorney

City/State/ZIP Code of Guardian(s) or Their Attorney

Phone of Guardian(s)
or Their Attorney

E-mail Address of Guardian(s) or Their Attorney

*Interested persons are defined as:

- children and spouses;
- future heirs if the ward/incapacitated 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;
- if there are no individuals defined as “interested persons” above, include any person or organization named as a “devisee” in the ward/incapacitated person’s most recent will;
- after death of the ward/incapacitated person, interested person also includes the personal representative of a deceased ward’s/incapacitated person’s estate, the deceased ward’s/incapacitated person’s heirs in an intestate estate, and the deceased ward’s/incapacitated person’s devisees in a testate estate;
- any governmental agency paying benefits on behalf of the ward/incapacitated 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, 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.

**PERSONAL AND FINANCIAL
INFORMATION FOR
GUARDIANSHIPS AND
CONSERVATORSHIPS**

TO THE GUARDIAN AND/OR CONSERVATOR: This form is to be filed only with the Court. Do not send this form to the interested persons. Fill out one form for each ward, incapacitated person or protected person.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

THIS DOCUMENT IS CONFIDENTIAL AND SHALL NOT BE MADE PART OF THE COURT FILE OR PROVIDED TO THE PUBLIC PURSUANT TO NEB. CT.R. § 6-1464.

Case No. _____

IN THE MATTER OF

CONFIDENTIAL

Ward/Incapacitated Person/Protected Person

**PERSONAL AND FINANCIAL
INFORMATION FOR GUARDIANSHIPS
AND CONSERVATORSHIPS**

<u>Full</u> name of the ward, protected or incapacitated person:	<u>Full</u> date of birth of the ward, protected or incapacitated person:	<u>Full</u> Social Security number of the ward, protected or incapacitated person:

FINANCIAL INFORMATION OF THE WARD, PROTECTED OR INCAPACITATED PERSON

Name(s) and address(es) of financial institution(s)

Full account number(s)

Signature(s)

Date

Print or Type Name(s)

Street Address/P.O. Box

Bar Number and Firm Name (attorneys only)

City/State/ZIP Code

Phone

E-mail Address

Instructions: When parties are required to report personal and financial information to the court, the complete information shall be provided on Appendix 11 (CC 16:2.23). On pleadings or documents to be filed with the court, financial account numbers, dates of birth, and Social Security numbers, where required, should reference Appendix 11 (CC 16:2.23): (i.e., "See Appendix 11/CC 16:2.23"). Financial account numbers should be listed by the last four digits of the financial account when the account is reported on a pleading or document filed with the Court.