

REQUIRED

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

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 <b>(Fill in name: _____ )</b>	
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 <b>(Fill in Name: _____ )</b>	
Board (food) paid to someone else <b>(Fill in Name: _____ )</b>	
Transportation expense paid to guardian	
Transportation Expense paid to someone else <b>(Fill in Name: _____ )</b>	
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)

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**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, \_\_\_\_\_, 20\_\_.

### 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 \_\_\_\_\_, 20\_\_.

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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ 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**

REQUIRED

Neb. Ct. R. Appendix 11  
(Chapter 6, Article 14)

**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.