

**MOTION TO HAVE NO
AUTHORITY OVER THE
ESTATE OF THE WARD**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

Case No. _____

**IN THE MATTER OF THE
GUARDIANSHIP OF**

**MOTION TO HAVE NO
AUTHORITY OVER THE
ESTATE OF THE WARD**

Ward/Incapacitated Person

_____, guardian for _____

moves the court for an Order which will prohibit me from exercising any authority or control over the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) because:

I acknowledge that if this motion is granted and I later become the ward's representative payee, I shall notify the court and all interested persons within 7 days of receiving notice of becoming a representative payee and I shall apply to the court to have my Letters modified. I further acknowledge that if I become the representative payee or receive permission to otherwise assume authority over the estate of the ward I will be required to file an accounting with the court.

I further acknowledge that I will receive a Notice of Hearing when I file my Motion to Have No Authority over the Estate of the Ward. After I receive the Notice of Hearing from the county court, it is my responsibility to send a copy of this Application, and the Notice of Hearing to all interested persons and file a Certificate of Service with the court showing I mailed this Application and the Notice of Hearing to all interested persons.

Signature(s) of Guardian(s) Date: _____

Print or Type Name of Guardian(s)

Street Address/ P.O. Box

Bar Number and Firm Name (attorneys only)

City, State and Zip Code

Phone Number(s)

E-mail Address