

**ANNUAL REPORT OF GUARDIAN  
ON CONDITION OF  
WARD/INCAPACITATED PERSON**

REQUIRED

Neb. Rev. Stat. §30-2628(A)(6)

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

IN THE MATTER OF THE GUARDIANSHIP

Case # \_\_\_\_\_

\_\_\_\_\_  
Ward/Incapacitated Person

**ANNUAL REPORT OF  
GUARDIAN ON CONDITION OF  
WARD/INCAPACITATED PERSON**

I, the undersigned, am the guardian or the guardian and conservator of the above named ward/incapacitated person and my annual report to the court is as follows:

1. Present age of the ward/incapacitated person: \_\_\_\_\_
2. Current address of the ward/incapacitated person: \_\_\_\_\_
3. The ward's/incapacitated person's residence is:
 

_____ own home	_____ guardian's home
_____ nursing home	_____ hospital or medical facility
_____ foster or boarding home	_____ other: _____
_____ relative's home _____	

(Relationship)
4. The ward/incapacitated person has lived in his or her current residence since \_\_\_\_\_.  
If the ward/incapacitated person has moved within past year, state reasons for change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. During the past year, how many times and on what dates did you see the ward/incapacitated person? \_\_\_\_\_  
\_\_\_\_\_
6. During the past year, the ward's/incapacitated person's mental health has:
 

_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

7. During the past year, the ward's/incapacitated person's physical health has:  
 \_\_\_\_\_ remained about the same.  
 \_\_\_\_\_ improved. Describe: \_\_\_\_\_  
 \_\_\_\_\_ deteriorated. Describe: \_\_\_\_\_
8. During the past year, the ward/incapacitated person has been treated or evaluated by the following:  
 \_\_\_\_\_ Physician. Name: \_\_\_\_\_  
 \_\_\_\_\_ Psychiatrist. Name: \_\_\_\_\_  
 \_\_\_\_\_ Social or other case worker. Name: \_\_\_\_\_  
 \_\_\_\_\_ Dentist. Name: \_\_\_\_\_  
 \_\_\_\_\_ Other. Name: \_\_\_\_\_
9. The ward/incapacitated person \_\_\_ is \_\_\_ is not under regular physician's care.  
 Physician's Name: \_\_\_\_\_  
 (if different than physician in #8 above)
10. Social conditions: During the past year, the ward/incapacitated person has participated in the following activities: Describe.  
 \_\_\_\_\_ Recreational: \_\_\_\_\_  
 \_\_\_\_\_ Educational: \_\_\_\_\_  
 \_\_\_\_\_ Social: \_\_\_\_\_  
 \_\_\_\_\_ Occupational: \_\_\_\_\_  
 \_\_\_\_\_ None available.  
 \_\_\_\_\_ Refuses or unable to participate. \_\_\_\_\_
11. As guardian, I rate the ward's/incapacitated person's living arrangements as:  
 \_\_\_\_\_ excellent.  
 \_\_\_\_\_ average.  
 \_\_\_\_\_ below average. If below average, explain: \_\_\_\_\_  
 \_\_\_\_\_
12. As guardian, I believe the ward/incapacitated person is:  
 \_\_\_\_\_ content with living situation.  
 \_\_\_\_\_ unhappy with living situation. Why? \_\_\_\_\_  
 \_\_\_\_\_
13. As guardian, I believe the ward/incapacitated person has the following needs that have not been met: \_\_\_\_\_  
 \_\_\_\_\_
14. The guardianship should be continued for the following reasons:  
 \_\_\_\_\_ The ward/incapacitated person is still a minor.  
 \_\_\_\_\_ The ward's/incapacitated person's condition requires continuation of guardianship.

15. Please mark one of the following (A, B, or C) and complete the additional questions, if any, for the section you marked:

- A) \_\_\_\_\_ I **do** have possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) **AND** one of the following applies:
- 1) \_\_\_\_\_ My accounting, certificate of proof of possession, and bank statements and/or brokerage statements are filed with the court.
  - 2) \_\_\_\_\_ The accounting has been waived by the court.
  - 3) \_\_\_\_\_ A budget has been approved by the court and the Annual Budget Report is filed with the court.

B) \_\_\_\_\_ I do **not** have possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits). The person who has possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) is: \_\_\_\_\_

- \_\_\_\_\_ **AND**
- 1) \_\_\_\_\_ I **have** talked to the person in charge of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) **AND**
    - a) \_\_\_\_\_ I **am** satisfied that the funds are being handled properly.
    - b) \_\_\_\_\_ I am **not** satisfied that the funds are being handled properly because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
  - 2) \_\_\_\_\_ I have **not** talked to the person in charge of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

C) \_\_\_\_\_ The ward/incapacitated person receives no money, assets, possessions or income (including social security or other benefits).

I swear or affirm, **under the penalties of perjury**, that I have examined the Annual Report of Guardian on Condition of Ward/Incapacitated Person, and to the best of my knowledge and belief, it is 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)