Nebraska State Court Form REQUIRED	**APPLICATION AND AFFIDAVIT FOR INTERVENTION ON BEHALF OF THE WELFARE OF THE WARD**	CC 16:2.21 Rev. 11/15 Neb. Rev. Stat. §30-2602.01

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

Case #_____

IN THE MATTER OF

APPLICATION AND AFFIDAVIT FOR INTERVENTION ON BEHALF OF THE WELFARE OF THE WARD

_____
Ward/Protected Person/Incapacitated Person

I, _____, state under oath

1. That I am a person interested in the wellbeing of the ward/protected person.
2. That the ward's/protected/incapacitated person's safety, health, or financial welfare is at issue, and these issues are not being adequately addressed by the guardian/conservator, based upon the following facts:
   _____
   _____
   (Attach additional pages for information or evidence)

I ask the Court to consider the welfare of the protected person and issue an ex parte order in the protected person's best interest, such order to remain in full force and effect for no more than 10 days, or until a hearing can be held on this matter.

I understand that any interested person that submits an affidavit under this section in bad faith, or submits an affidavit that the court determines lacks a factual basis, shall be ordered to pay the opposing party reasonable attorney's fees and costs.

_____ Date _____
Signature

_____ _____
Name Street Address/P.O. Box

_____ _____
Bar Number and Firm Name (attorneys only) City/State/ZIP Code

_____ _____
Phone E-mail Address

State of_____)
) ss.
County of_____)

The foregoing instrument was acknowledged before me by
_____, this
Name
_____ day of _____, _____.
Day Month Year

_____
Notary Public (Signature of Person Taking Acknowledgment)

_____
(Title or Rank) (Serial Number, if any)

My commission expires: _____