

REQUIRED

ACCEPTANCE OF APPOINTMENT OF TEMPORARY GUARDIAN

Neb. Rev. Stat. § 30-2626(a),
Neb. Ct. R. § 6-1443(A)

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case # _____

Ward/Incapacitated Person

ACCEPTANCE OF APPOINTMENT OF TEMPORARY GUARDIAN

I, _____, accept appointment as temporary guardian of
(name of guardian(s))
_____, and swear that I will perform, according to law,
(name of ward/incapacitated person)
all duties for the ward/incapacitated person as temporary guardian.

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)