

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF THE GUARDIANSHIP OF _____

Case # _____

 Ward/Incapacitated Person

**LETTERS OF GUARDIANSHIP
 FOR A WARD/INCAPACITATED
 PERSON
 RESTRICTION – GUARDIAN HAS
 NO AUTHORITY OVER
 THE ESTATE OF
 WARD/INCAPACITATED PERSON**

TO: _____
 Name of Guardian

The court finds you are qualified and you are appointed as the guardian of

_____.

You are authorized and empowered to perform the duties and responsibilities of guardian as required by law, subject to the following limitation of powers until you shall be discharged according to law:

The court finds clear and convincing evidence that:

_____ A full guardianship is necessary and is the least restrictive alternative. The guardian is granted all powers conferred upon guardians by law as follows, **except the guardian has no authority over the estate of the ward/incapacitated person.**

- i. Selecting the ward's/incapacitated person's place of abode within or without this state;
- ii. Arranging for medical care for the ward/incapacitated person;
- iii. Protecting the personal effects of the ward/incapacitated person;
- iv. Giving necessary consent, approval, or releases on behalf of the ward/incapacitated person;
- v. Arranging for training, education, or other habilitating services appropriate for the ward/incapacitated person;
- vi. Applying for private or governmental benefits to which the ward/incapacitated person may be entitled;
- vii. Instituting proceedings to compel any person under a duty to support the ward/incapacitated person or to pay sums for the welfare of the ward/incapacitated person to perform such duty, if no conservator has been appointed;

viii. Entering into contractual arrangements on behalf of the ward/incapacitated person, if no conservator has been appointed; and

ix. Other: _____

_____ This is a limited guardianship and the **guardian shall have no authority over the estate of the ward/incapacitated person**. You, as guardian, shall have the additional following authorities and responsibilities as checked below (acting together with the ward or individually):

- Selecting the ward's/incapacitated person's place of abode within or without this state;
- Arranging for medical care for the ward/incapacitated person;
- Protecting the personal effects of the ward/incapacitated person;
- Giving necessary consent, approval, or releases on behalf of the ward/incapacitated person;
- Arranging for training, education, or other habilitating services appropriate for the ward/incapacitated person;
- Applying for private or governmental benefits to which the ward/incapacitated person may be entitled;
- Instituting proceedings to compel any person under a duty to support the ward/incapacitated person or to pay sums for the welfare of the ward/incapacitated person to perform such duty, if no conservator has been appointed;
- Entering into contractual arrangements on behalf of the ward/incapacitated person, if no conservator has been appointed; and
- Other: _____

LIMITATIONS OF POWER:

- You shall **not** handle any of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits).
- Other restrictions: _____

_____.

You are directed to:

- File a Condition of Ward Report, along with the required fee, Notice of Right to Object form, and a Certificate of Mailing showing copies were sent to all interested persons, including the bonding company, by first-class mail, postage prepaid, not later than 30 days after the expiration of one year after the date of these Letters and annually thereafter.
- You shall file a copy of the Letters of Guardianship with the Register of Deeds in any county where the ward/incapacitated person has real property or an interest in real property.

DATE: _____

BY THE COURT: _____ (SEAL)
County Judge