

REQUIRED

**LETTERS OF
TEMPORARY GUARDIANSHIP
FOR A WARD/INCAPACITATED PERSON**

Neb. Ct. R. § 6-1443

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF:

Case # _____

Ward/Incapacitated Person

**LETTERS OF
TEMPORARY GUARDIANSHIP
FOR A WARD/INCAPACITATED
PERSON**

TO: _____

Name of Temporary Guardian(s)

The court finds you are qualified and you are appointed as the temporary guardian(s) of

_____.

You are authorized and empowered to perform the duties and responsibilities of temporary guardian(s) as required by law subject to the following limitation of powers until you shall be discharged according to law.

The Letters of Temporary Guardianship expires on: _____, 20____.

For good cause shown, the court may extend the temporary guardianship for successive 90 day periods. New Letters of Temporary Guardianship will be issued if an extension is ordered.

LIMITATIONS OF POWER:

- **You shall not pay compensation to yourself or your attorney from assets or income of your ward/incapacitated person, nor sell real property of the estate without first giving notice to interested persons and obtaining an order of the court. The order may be entered without a hearing if all interested persons have waived notice of hearing or have executed their written consent to the fee.**
- **You shall not make ATM withdrawals or receive cash back on debit transactions without a court order. The Office of Public Guardian is prohibited from making ATM withdrawals or receiving cash back on debit transactions.**
- **Other restrictions: _____**

DATE: _____

BY THE COURT: _____ (SEAL)

County Judge