

REQUIRED

**OBJECTION TO COURT VISITOR OR  
GUARDIAN AD LITEM REPORT**

Neb Rev. Statute §30-2619.04  
Neb Ct. Rule §6-1433.01(F)

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

IN THE MATTER OF

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

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

**OBJECTION TO COURT VISITOR OR  
GUARDIAN AD LITEM REPORT**

I/We, \_\_\_\_\_, as  the petitioner(s),  the lawyer representing the proposed ward,  
(Name of Objector(s))

the proposed ward,  the Public Guardian, pursuant to Neb. Rev. Stat. §30-2619.04 or  
Neb Ct. Rule §6-1433.01(F), object to the Court Visitor or Guardian Ad Litem Report submitted to this court  
on \_\_\_\_\_, 20\_\_\_\_ for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial one of the following:

\_\_\_\_\_ A hearing has already been scheduled for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ .m.

The objector(s) acknowledge that if they do not appear at the hearing the Objection will be overruled. **The objector(s) further acknowledge they must file this Objection together with a Certificate of Mailing for this Objection with the court and mail a copy of this Objection and Certificate of Mailing to all interested persons.**

**OR**

\_\_\_\_\_ The objector(s) request a hearing be set in this matter. It is acknowledged that if they do not appear at the hearing, the Objection will be overruled. **The objector(s) acknowledge they will receive a Notice of Hearing upon filing of the Objection. After receiving the Notice of Hearing from the County Court, the objector(s) further acknowledge they must mail a copy of this Objection, the Notice of Hearing and Certificate of Mailing to all interested persons. They further acknowledge that they must file the Certificate of Mailing with the court.**

I/We, \_\_\_\_\_, swear or affirm, **under the penalties of perjury**, that I/we,  
(Name of Objector(s))

as the objector(s) herein have read the above objection. To the best of my/our knowledge and belief, the statements contained therein are true, correct and complete.

\_\_\_\_\_  
Signature(s) of Objector(s)

Date \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name of Objector(s)

\_\_\_\_\_  
Bar Number and Firm Name (attorneys only)

\_\_\_\_\_  
Street Address/P.O. Box of Objector(s)

\_\_\_\_\_  
City/State/ZIP Code of Objector(s)

\_\_\_\_\_  
Phone of Objector(s)

\_\_\_\_\_  
E-mail Address of Objector(s)

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this  
(Name of Objector above)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year Notary Public (signature of person taking acknowledgment)  
\_\_\_\_\_ My commission expires: \_\_\_\_\_  
(title or rank) (serial number, if any)