

# INSTRUCTIONS FOR THE COMPLETION OF FORMS INCLUDED IN THE ANNUAL REPORTING PACKET “D”

Read all of the instructions on the first page of the packet very carefully. Once you have read that page:

1. Fill in all of the information on the Packet Worksheet Page.
  - a. If you are printing the packet and handwriting the answers, you will check the first box. If you are typing in your answers, you will check the second box.

- Printing the form and handwriting the answers.
- Completing the form electronically.

- b. If you are completing this form electronically, the information you provide on this page will automatically transfer to the following pages that contain the same information.

**It is your responsibility to make sure the information transferred correctly.**

- i. Enter the name of the ward.
      - ii. Enter the name of the county this case was filed in.
      - iii. Enter the case number that was assigned by the clerk of the court.
      - iv. Enter the beginning date and ending date of this reporting period.

The diagram shows a form with four callout boxes labeled i, ii, iii, and iv. Box i points to the 'Name of ward:' field. Box ii points to the 'County the case is filed in.' dropdown menu. Box iii points to the 'Case Number:' field. Box iv points to the 'Annual reporting period:' field, which includes 'to' and another date field.

- v. Enter the name and address for interested persons.
          1. These are the interested persons named in the petition who did NOT send in the Waiver of Notice form, government agencies providing benefits, and the bonding company (if any)

The diagram shows a form section titled 'Interested persons (Include government agency paying benef' with two columns: 'Name:' and 'Address:'. Below are two rows of input fields. A callout box labeled v points to the first row.

- vi. If there are more interested persons than there are available spaces, check the box and include them on a separate sheet of paper. – Note – You will file the separate sheet with the additional names and addresses with the court when you file the certificate of mailing form.

The diagram shows a checkbox with a callout box labeled vi. The text next to the checkbox reads: 'If there are more interested persons than listed above, check the box to the left and include them on a separate sheet of paper. – Note – You will file the separate sheet with the additional names and addresses with the court when you file the certificate of mailing form.'

vii. Enter the guardian's information in the spaces provided.

**vii.**

Name of Guardian: \_\_\_\_\_  
Street Address/P.O. Box of Guardian: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
If this is being completed by an attorney, Bar Number and Firm Name: \_\_\_\_\_

viii. **If this is a co-guardianship, both party's information must be entered.**

For the second set of blanks to appear, check the (a.) "yes" box on the question located below the first signature block:

**Co-Guardian information:** Is there more than one guardian?    yes     no     **viii.**

ix. **IF** any of the reports included in this packet were **previously** waived by order of the court, check the box to the left of the report that was waived and enter the date of the order waiving the report in the blank to the right of the report name.

**ix.**

|   |             |       |
|---|-------------|-------|
| <input type="checkbox"/> Annual report of guardian on condition of ward | Date waived | _____ |
| <input type="checkbox"/> Updated Inventory                              | Date waived | _____ |
| <input type="checkbox"/> Annual Accounting                              | Date waived | _____ |

# INSTRUCTIONS FOR ANNUAL REPORT OF GUARDIAN ON CONDITION OF WARD

The purpose of this form is to provide the guardian's opinion of the ward's condition and the annual history of the ward's contact with care professionals.

## 1. HEADING

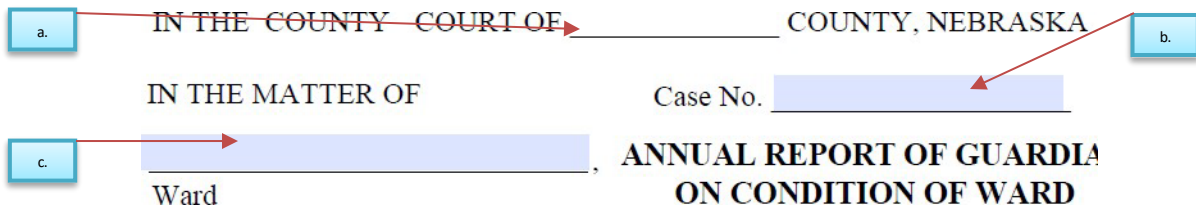
- a. Enter the county where the action is filed.
- b. Enter the case number assigned by the clerk of the court.
- c. Enter the name of the ward/minor ward/protected person.

a. ~~IN THE COUNTY COURT OF~~ \_\_\_\_\_ COUNTY, NEBRASKA b.

IN THE MATTER OF Case No. \_\_\_\_\_

c. \_\_\_\_\_, **ANNUAL REPORT OF GUARDIAN  
ON CONDITION OF WARD**

Ward



## 2. BODY OF FORM

- a. Answer the questions in numbers 1-12.

# INSTRUCTIONS FOR UPDATED INVENTORY

**The purpose of this form is to give an updated listing of what the ward/minor ward/protected person owns or receives. This is required annually.**

- i. Enter the ending date of the annual report.

i.

The Inventory listed below is as of the ending date of this Annual Report, \_\_\_\_\_.

- ii. Answer the question if there are any changes to the accounts since you filed your Personal and Financial Information form.
- If you answer “yes” – you must file an Updated Financial Information Form with this form, but **DO NOT SEND** the Updated Financial Information Form to the Interested Parties.

ii.

Are there any changes to any of the accounts identified on your last filed Personal and Financial Information Form? (Check the appropriate box)  Yes  No.

## BODY OF FORM

The numbers listed below correspond to the numbers of the sections on the form.

### 1. Personal Property –

- a. For ALL checking accounts, savings accounts and certificates of deposit in the name of the ward/minor ward/protected person:

i.

ii.

iii.

iv.

v.

vi.

vii.

#### 1. PERSONAL PROPERTY:

| Financial Institution Name | Title on Account | Type of Account (please check one)   | Debit Card?  | New Account?   | Last 4 digits of account number | Balance as of Reporting Ending Date (listed above) |
|----------------------------|------------------|--|--|--|---------------------------------|--|
|                            |                  | <input checked="" type="checkbox"/> checking <input type="checkbox"/> savings<br><input type="checkbox"/> certificate of deposit | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | _ _ _ _                         | \$ _____   |

- i. enter the name of the financial institution (bank).
- ii. enter the name on the account.
- iii. check the box that describes what type of account it is (i.e. checking, savings or certificate of deposit)
- iv. if THIS account has a debit card attached to it, check the box for “yes”, and if it does not have a debit card attached to it, check the box for “no”.
- v. if THIS account is a NEW account, check the box for “yes”, and if it is not a new account, check the box for “no”.
  1. If this is a new account opened after the Personal and Financial Information form was filed with the court, you must fill out and file and Updated Financial Information form (CC 16:2.40)
- vi. enter **ONLY the LAST 4 digits** of the account number. This is to protect personal information.
- vii. enter the balance of the account as of the last day of the reporting period.

b. For other types of personal property, enter the present value of:

1. PERSONAL PROPERTY (Continued):

| TYPE OF PROPERTY  | PRESENT VALUE |
|---|---------------|
| Stocks, Bonds and Other Securities (Attach List of Brokerage Firms) |               |
| Vehicles  |               |
| Household goods and furnishings                                     |               |
| Other: _____  |               |

TOTAL : \$ \_\_\_\_\_

- i. stocks and bonds.
- ii. vehicles.
- iii. household goods and furnishings.
- iv. other type of personal property (enter type of property).

2. Jointly held Property

a. Enter the type of property, who the property is owned with and the present value in the spaces provided.

2. JOINTLY HELD PROPERTY:

| TYPE OF PROPERTY | WITH WHOM | PRESENT VALUE |
|------------------|-----------|---------------|
|                  |           |               |

3. Real Property

a. If the ward/minor ward/protected person owns or has interest in real property (land, house, etc.) check the box for “yes”, and enter the location/address, legal description and value in the spaces provided.

| LOCATION/ADDRESS | LEGAL DESCRIPTION | VALUE |
|------------------|-------------------|-------|
|                  |                   |       |

- i. Legal property descriptions may be obtained from the Register of Deeds in the county that the property is located. For longer descriptions, reference the location/address and legal description on a separate page.
- ii. **NOTICE** – when the Letters of Guardianship and/or conservatorship are issued, you must file them with the Register of Deeds in the county where the real property is located.
- b. If the ward/minor ward/protected person does NOT own or have any interest in real property, check the box for “no”.
- c. Answer the question of “Have the Letters of Guardianship and or Conservatorship been filed with the Register of Deeds in each county where each parcel is located?”

Have the Letters of Guardianship and/or Conservatorship been filed with the Register of Deeds in each county where each parcel is located?  Yes  No

**4. Income**

- a. Enter the monthly amount received by the ward/minor ward/protected person in the space to the right of the type of income.
  - i. Use the types of income listed or identify a source not already listed under “other”
    - 1. For Wages, identify the employer(s).

|    | SOURCE OF INCOME             | MONTHLY AMOUNT |
|----|------------------------------|----------------|
| 1. | Wages - Employer name: _____ | i.             |

**5. Credit Cards and Other Debt**

- a. If the ward/minor ward/protected person has any credit cards or other debt in their name, check the box for “yes”.

| i.<br>Financial Institution Name | ii.<br>Name on the Card | iii.<br>Last 4 digits of account number | iv.<br>Balance as of Last Statement |
|----------------------------------|-------------------------|---|-------------------------------------|
|                                  |                         | _ _ _                                   | \$                                  |

- i. enter the name of the financial institution;
  - ii. the name on the card or a description of the debt;
  - iii. **ONLY the LAST 4 digits** of the account number (Entering only the last 4 digits is to protect personal information.); and
  - iv. balance as of the last statement.
- b. If the ward/minor ward/protected person does NOT have any credit cards or other debt in their name, check the box for “no”.

# INSTRUCTIONS FOR ANNUAL ACCOUNTING

The purpose of this form is to provide a line by line explanation of what has been received and what has been spent out of each of the ward's/minor ward's/protected person's accounts.

**Only use this individual form if you did not use the form included in your annual packet.**

## 3. BODY OF FORM

- a. Enter the name of the bank.
- b. Enter the last four digits of the account number. (DO NOT ENTER THE WHOLE ACCOUNT NUMBER)
- c. Enter the beginning date of the accounting.
- d. Enter the ending date of the accounting.

Bank Name:

Last four digits of account number:

Beginning date of accounting:

Ending date of accounting:

- e. Enter the beginning balance

**Beginning Balance:**

- f. Enter the details of each transaction.
  - i. Date of the transaction.
  - ii. Check number (if any)
  - iii. Who the money was received from or paid to.
  - iv. What it was for.
  - v. Amount Received or Amount Paid
  - vi. The balance after this transaction. (If this is being completed electronically, the form will calculate this automatically)

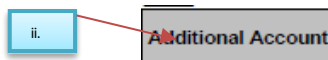
| <input type="text"/> | <input type="text"/> | <input type="text"/>         | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|------------------------------|----------------------|------------------------|----------------------|----------------------|
| <b>Date</b>          | <b>Check Number</b>  | <b>Received from/Paid to</b> | <b>Purpose</b>       | <b>Amount received</b> | <b>Amount paid</b>   | <b>Balance</b>       |

- g. Additional pages.

- i. To enter more transactions for this account, Use the button that looks like this:



- ii. To enter transactions for a different account, Use the button that looks like this:



## SIGNATURE SECTION

If this is a co-guardianship both must sign.

For the second signature block to appear, check the (a.) "yes" box on the question located below the first signature block:

Is there more than one guardian and/or conservator?  yes  no

- i. The guardian(s) will sign their name(s)
- ii. Enter the date.
- iii. Print the guardian(s) name(s).
- iv. Enter the guardian(s) street address(es).
- v. If this form is completed by an attorney, there is a space for the bar number and firm name
- vi. Enter the city, state, and zip code of the guardian(s) address(s).
- vii. Enter the guardian(s) telephone number(s) with area code.
- viii. Enter the email address(es).

i.  →

Signature: \_\_\_\_\_ Date:  ii.

iii.  → Printed Name: \_\_\_\_\_  
(of guardian and/or conservator)

Street Address/P.O. Box: \_\_\_\_\_ iv.

City/State/ZIP Code: \_\_\_\_\_ vi.

Telephone Number: \_\_\_\_\_ vii.

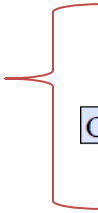
Email address: \_\_\_\_\_ viii.

v.  → If complete by an attorney:  
Bar Number: \_\_\_\_\_



# NOTICE OF RIGHT TO OBJECT

1. Enter the name of the ward/minor ward/protected person, the county name, and the case number in the upper left-hand corner.
  - a. If you are completing this form electronically, these will automatically fill in for you.

1. 

\_\_\_\_\_

Ward \_\_\_\_\_


Choose the county \_\_\_\_\_ County Court

Case No. \_\_\_\_\_

2. If you filed any other documents at the same time you filed the annual report, list them in the space provided under "other".
3. Complete the information in the signature section of this form.

**If this is a co-guardianship both must sign.**

For the second signature block to appear, check the (a.) "yes" box on the question located below the first signature block:

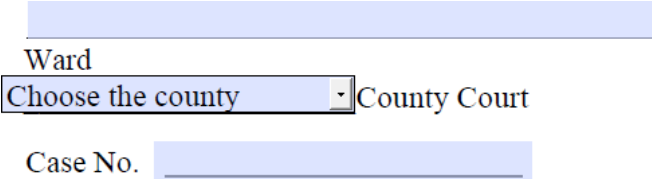
Is there more than one guardian and/or conservator?  yes  no 

- iii. The guardian(s) will sign their name(s)
- iv. Enter the date.
- ix. Print the guardian(s) name(s).
- x. Enter the guardian(s) street address(es).
- xi. If this form is completed by an attorney, there is a space for the bar number and firm name.
- xii. Enter the city, state, and zip code of the guardian(s) address(s).
- xiii. Enter the guardian(s) telephone number(s) with area code.
- xiv. Enter the email address(es).

# CERTIFICATE OF MAILING

a. **TO THE GUARDIAN AND/OR CONSERVATOR OR THEIR ATTORNEY:** You need to complete the Certificate of Mailing form and file it with the court showing that you mailed the required documents to all the interested persons you list.

- i. Enter the name of the ward/minor ward/protected person, the county name, and the case number in the upper left hand corner.

i. 

Ward  
Choose the county County Court  
Case No. \_\_\_\_\_

- ii. If you are completing this form electronically, these will automatically fill in from the information you already entered.
- iii. Enter the name of the person who is swearing that they filed the required forms and mailed the copies of the Annual Report and the Notice of Right to Object to the interested persons. (This is the guardian or their attorney)
- iv. List all of the interested persons\* and their addresses on the lines provided.

iv. 

| NAME  | ADDRESS |
|-------|---------|
| _____ | _____   |

- v. **IF** there are more names and addresses for interested persons\* than the spaces on the form provide room for, check the box next to “See Attached” and attach a sheet with the name and address of each additional person.

v.  See attached (more names and addresses than above)

## c. SIGNATURE SECTION

If this is a co-guardianship and/or co-conservatorship both must sign.

For the second signature block to appear, check the (a.) “yes” box on the question located below the first signature block:

Is there more than one guardian and/or conservator?  yes  no  a.

- i. The guardian(s) and/or conservator(s) will sign their name(s)
- ii. Enter the date.
- iii. Print the guardian(s) and/or conservator(s) name(s).
- iv. Enter the guardian(s) and/or conservator(s) street address(es).
- v. If this form is completed by an attorney, there is a space for the bar number and firm name
- vi. Enter the city, state, and zip code of the guardian(s) and/or conservator(s) address(s).
- vii. Enter the guardian(s) and/or conservator(s) telephone number(s) with area code.
- viii. Enter the email address(es).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(of guardian and/or conservator or their attorney)

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If complete by an attorney:  
Bar Number: \_\_\_\_\_

\* Pursuant to Neb. Rev. Stat. § 30-2601, interested persons are defined as:

- children and spouses;
- future heirs if the ward/incapacitated person/protected person would die without leaving a valid will (brothers and sisters who are adults, grandparents, etc.);
- a trustee of any trust executed by the ward/incapacitated person/protected person;
- if there are no individuals defined as “interested persons” above, include any person or organization named as a “devisee” in the ward’s/incapacitated person’s/protected person’s most recent will;
- after death of the ward/incapacitated person/protected person, interested person also includes the personal representative of a deceased ward’s/incapacitated person’s/protected person’s estate, the deceased ward’s/incapacitated person’s/protected person’s heirs in an intestate estate, and the deceased ward’s/incapacitated person’s/protected person’s devisees in a testate estate;
- any governmental agency paying benefits on behalf of the ward/incapacitated person/protected person; and
- any person designated by order of the court to be an interested person.

If there are no interested persons identified for a ward/incapacitated person/protected person, the court shall appoint a guardian ad litem (Nebraska Supreme Court Rule § 6-1449(B)). The cost of the guardian ad litem may be taken from the assets of the ward/incapacitated person/protected person.