

**PACKET MD—GUARDIANSHIP and CONSERVATORSHIP FOR A MINOR ANNUAL REPORT**

**Who may use Packet MD?** Guardians for a minor who are serving as conservator and who have control of any of the minor ward's property, money, assets, possessions or income (including Social Security or other benefits)

**What are you reporting to the court?** The current status of your minor ward's health, property and finances, including all money received by and all expenses paid from your minor ward's income and/or assets during the reporting period.

**When are the forms to be used?** A guardian must file a completed Packet MD with the court every year. Your first accounting year ends one year after the date the Court entered an Order appointing you as Guardian. Packet MD must be filed within 30 days. The accounting year ending date and Packet MD filing date will be the same in all following years.

For example, if the Order of Appointment was entered on June 10, 2018, then your first accounting year begins June 10, 2018 and ends June 9, 2019 with your first Packet MD due to be filed by July 9, 2019. The second accounting year will end June 9, 2020 and the second Packet MD will be due to be filed by July 9, 2020.

**What information will be helpful to gather before completing your packet?**

- Account Statements for each account owned by the minor ward for the entire year
- Checkbook register for the entire year (do **not** file the checkbook register with your packet).
- If this is the first Packet MD filing, you will need a copy of the original Inventory
- For all following years, you will need to pull out a copy of last year's Packet MD filing
- List of Interested Parties

***The cost of filing this packet is \$10 if an accounting is included. The cost of filing this packet is \$5 if an accounting is not required.***

If you need additional copies of this packet, forms are available on the Supreme Court website:  
<https://supremecourt.nebraska.gov/forms>.

**Hearings on Packet MD** : A court hearing will only be scheduled if the court has any questions about the accounting, if an interested person files an objection to the accounting, or if the Guardian files a separate Application for Approval of Annual Accounting and/or Fees.

**Specific Instructions: Packet MD :**

► **Annual Report of Guardian for a Minor**: The Guardian and conservator answers questions to provide information on the minor ward's well-being.

► **Updated Inventory**: The Guardian answers questions, fills in requested information and provides an account balance or value for each financial account (checking, savings, certificate of deposit, investment account, etc. ) as of the last day of the reporting period.

► **Accounting**: If the Guardian spent from or added to the minor ward's account(s) during the accounting period, you must list amounts received and paid out from each account on behalf of the minor ward, to whom monies were paid and for what purpose the payments were made. The accounting may be completed using and attaching a separate accounting program report or spreadsheet (i.e. Excel, Quicken, QuickBooks, etc.) as long as it provides the same information requested.

The beginning balance of each account should match the account balance from the original inventory (for the first reporting year) or the last year's inventory ending balance (all following years)

Add as many additional accounting pages as needed. The ending balance on your accounting should match the balance you placed on the Updated Inventory for the current year.

► **Notice of Right to Object**: You must complete this form.

► **Certificate of Mailing**: This Certificate informs the court that you have mailed copies of the Packet MA to all "interested persons." List the names and addresses of the interested persons you sent the forms to on this form. Only mail the completed Packet MA to "interested persons" DO NOT mail copies of bank statements to interested persons.

► **Filing with the Court** Pay the filing fee and file the original completed and signed Packet MA with the Court AND with copies of all financial statements (checking, savings, investment accounts, etc.) covering the accounting period. All personal information should be blacked out along with all but the last four digits of account numbers.

**Do not send bank account or financial account statements to the interested persons.**

# Packet Worksheet

Please Note: If you download this annual report from the Judicial Branch website and type in the blanks on this page, the information will automatically fill in the corresponding blanks on the following pages.

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

### Minor ward and Case information:

Name of minor ward: \_\_\_\_\_

County the case is filed in: \_\_\_\_\_

Case Number: \_\_\_\_\_

Annual reporting period: \_\_\_\_\_ to \_\_\_\_\_

### Interested persons (Include government agency paying benefits and bonding company, if any):

Name:

Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

### Guardian and conservator information:

Name of Gdn/Cons: \_\_\_\_\_

Street Address/P.O. Box of Gdn/Cons: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

If this is being completed by an attorney, Bar Number and Firm Name:

\_\_\_\_\_

### Co-Gdn/Cons information:

Name of Co-Gdn/Cons: \_\_\_\_\_

Street Address/P.O. Box of Co-Gdn/Cons: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Bar Number and Firm Name (Attorneys only): \_\_\_\_\_

### The following reports were waived by order of the court:

Annual report of guardian for a minor	Date waived _____
Updated Inventory	Date waived _____
Annual Accounting	Date waived _____



8. State any information about the minor ward you believe is important for the court to know.

9. Do you have possession or control of the minor ward's money, assets, possessions, income, social security, or other benefits?

YES. (Complete the entire packet.)

I, as guardian and conservator, understand that if any of the following income benefits are received for the minor ward by me, I must attach my accounting unless waived by the court.

Social Security  
SSI Supplemental Security Income (child disability)  
Veterans or military benefits  
Railroad retirement benefits

I, as guardian and conservator, understand that if I receive funding/benefits from the following sources to provide care to the minor ward, I am not required to report to this court:

Child Support  
State or Federal Subsidies  
Medicaid  
Foster Care Payments  
Food Stamps/Reduced Lunch Payments  
Housing assistance

NO. (Complete pages: 1, 2, 7, 8 and 9 of this packet.)

The person who has possession or control is: \_\_\_\_\_.

Other: (Complete pages: 1, 2, 7, 8 and 9 of this packet.)

The minor ward receives no money, assets, possessions, income, social security or other benefits.

## UPDATED INVENTORY

*TO THE GUARDIAN AND CONSERVATOR: To protect personal information, only the last four digits of the account number should be provided on this form.*

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

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.

If the answer is “Yes”, you must complete an Updated Financial Information form (CC 16:2.40) and file it with this form.

**DO NOT SEND THE UPDATED FINANCIAL INFORMATION FORM TO THE INTERESTED PARTIES.**

**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)
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____
		checking    savings certificate of deposit	yes no	yes no	_____	\$ _____

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

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 :**    \$ \_\_\_\_\_

2. JOINTLY HELD PROPERTY:

TYPE OF PROPERTY	WITH WHOM	PRESENT VALUE

**TOTAL:**    \$ \_\_\_\_\_

3. Does the ward/minor ward/protected person own or have an interest in Real Property?

Yes            No. If yes, complete below:

REAL PROPERTY (List location by address and value):

*Note: 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 and legal description on a separate page.*

LOCATION/ADDRESS	LEGAL DESCRIPTION	VALUE

**NOTICE: You must file your Letters of Guardianship and/or Conservatorship with the Register of Deeds in any county where the ward/minor ward/protected person has real property or an interest in real property.**

**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 (Monthly):

SOURCE OF INCOME	MONTHLY AMOUNT
Wages - Employer name: _____	
Social Security	
Supplemental Security income	
Veterans Administration benefits	
Pension/Annuity	
Interest Income	
Dividend Income	
Other:	
Other:	

**TOTAL:**     \$ \_\_\_\_\_

5. Are there any credit cards or other debt of the ward's/minor ward's/protected person's name?

Yes     No. If yes, complete below:

CREDIT CARD(S) of the ward/minor ward/protected person (If applicable)

Financial Institution Name	Name on the Card	Last 4 digits of account number	Balance as of Last Statement
		_____	\$
		_____	\$

OTHER DEBT of the ward/minor ward/protected person (If applicable)

Financial Institution Name	Description	Last 4 digits of account number	Balance as of Last Statement
		_____	\$
		_____	\$





I swear or affirm, under the penalties of perjury, that I have examined the Annual Report of Guardian on Condition of Ward, Updated Inventory, and Accounting, and to the best of my knowledge and belief, they are true, correct and complete.

\_\_\_\_\_  
Ward

\_\_\_\_\_  
County Court

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

**NOTICE OF RIGHT TO OBJECT**

The following documents have been filed in the above referenced case:

Annual Report;

Other(if any):

If you object to the contents or accuracy of these filings, you may file an objection and request a hearing before the court. You have 10 days from the date these documents were filed with the court to complete and file the Objection form which can be obtained on the Nebraska Supreme Court website, <https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-17.pdf>.

\_\_\_\_\_  
Ward

\_\_\_\_\_  
County Court

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

**CERTIFICATE OF MAILING**

I, \_\_\_\_\_, swear or affirm, **under the penalties of perjury**, that copies of the forms listed below were mailed to all interested persons (including government agencies providing benefits) and bonding company, if any, at the addresses set forth below on \_\_\_\_\_:

Annual Report;

Other(if any):

**NAME**

**ADDRESS**

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)