IN THE MATTER OF

_____,

Ward, Minor Ward, Protected Person

Case No._____

APPLICATION FOR APPROVAL
OF MONTHLY BUDGET

The guardian for the ward/minor ward named above, requests that the court approve a monthly budget including any payments to be made to the guardian as shown below and that this budget remain in place from year to year until it is changed by the court.

Monthly Income:

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 Income	

Monthly Expenses:

Category	Amount Paid to Guardian/Conservator	Amount Paid to Someone Else
Housing (Rent, Utilities)		
Food		
Clothing		
Medical and Dental		
Spending money for the ward/minor ward		
Transportation		
Other (describe payment)		
Total Expenses		

Application for Approval of
Monthly Budget of Guardian

_____ (Initial if being requested) I request that the court authorize cash withdrawals by the guardian or cash back on transactions of up to $ _____per month. I request this because: (fill in reason)

I acknowledge that I will receive a notice of hearing from the court when I file my Application for Approval of Monthly Budget. *It is my responsibility* **to send a copy of:**

1.   this Application for Approval of Monthly Budget of Guardian; and

2.   the notice of hearing

to all interested persons no less than 14 days prior to the hearing date.

I must then file a Certificate of Mailing showing I sent them to all interested persons.

The Certificate of Mailing Form (CC 16:2.49) is found at:

https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-49.pdf.

I swear or affirm, **under the penalties of perjury**, that I have examined the above document, and to the best of my knowledge and belief, they are true, correct and complete.

Sign on the next page.

Continued from the first page.

Application for Approval of
Monthly Budget of Guardian