

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

IN THE MATTER OF

\_\_\_\_\_  
Ward/Incapacitated Person.

**SUBSEQUENT GUARDIAN  
AD LITEM REPORT IN A  
GUARDIANSHIP,  
CONSERVATORSHIP,  
PROTECTIVE, OR PROBATE  
PROCEEDING**

**I. INFORMATION**

**A. DATES OF INTEREST:**

The undersigned individual was appointed by the court as the guardian ad litem for the above- named individual.

Date of Report: \_\_\_\_\_  
Date of Hearing: \_\_\_\_\_  
Type of Hearing: \_\_\_\_\_

**B. CONTACT WITH THE WARD SINCE THE LAST HEARING:**

I have had the following contact with the ward since the last hearing:

Date of Contact	Type of Contact & By Whom (In-person, Phone, Other)

If no contact has been made, please explain why:

Expressed preferences of the ward, if any:

**C. PERSONS AND OTHER RESOURCES CONTACTED SINCE LAST HEARING:**

Since the date of the last hearing, I have contacted the following persons and/or other resources, including, but not limited to, any physician, psychologist, care provider, clergy member, financial institution, corporation, business entity, or other person with which such person has done or is doing business, in an effort to learn information about the ward’s circumstances and progress:

Date of Contact	Person or Resource Contacted	Title or Agency Name

**D. DOCUMENTS REVIEWED SINCE LAST HEARING:**

Date of Document	Document Type/Title

**II. GUARDIAN AD LITEM REPORT TO THE COURT**

Based upon information available, the following is a comprehensive outline of relevant information and concerns about the ward and his/her situation.

### III. RECOMMENDATIONS

Based upon my contact with the ward, contact with others, and review of documents since the date of the last hearing, if any, and based upon all the files, records, and proceedings related to this matter, the guardian ad litem finds the following:

#### **Incapacity**

\_\_\_\_\_ The ward is incapacitated per \_\_\_\_\_ .

\_\_\_\_\_ The ward **is not** incapacitated per \_\_\_\_\_ .

#### **Continuation of Temporary or Permanent**

\_\_\_\_\_ The temporary guardianship should continue.

\_\_\_\_\_ The temporary conservatorship should continue.

\_\_\_\_\_ The temporary guardianship and conservatorship should continue.

\_\_\_\_\_ The temporary protective order should continue.

\_\_\_\_\_ The permanent guardianship should continue.

\_\_\_\_\_ The permanent conservatorship should continue.

\_\_\_\_\_ The permanent guardianship and conservatorship should continue.

\_\_\_\_\_ The permanent protective order should continue.

\_\_\_\_\_ The guardianship **is no longer** needed.

\_\_\_\_\_ The conservatorship **is no longer** needed.

\_\_\_\_\_ The protective order **is no longer** needed.

#### **Full or Limited**

\_\_\_\_\_ A full guardianship is still necessary.

\_\_\_\_\_ A full guardianship **is no longer** necessary.

\_\_\_\_\_ A limited guardianship is still necessary.

\_\_\_\_\_ A limited guardianship **is no longer necessary**.

\_\_\_\_\_ A limited guardianship is appropriate at this time.

If the guardian ad litem has indicated a full guardianship is necessary, please specify why a full guardianship is necessary to protect the best interests of the ward.

If the guardian ad litem has indicated a limited guardianship is necessary/ appropriate, please specify what authorities and responsibilities the guardian shall have and what authorities and responsibilities the ward shall have.

Please list any concerns regarding any specific matters or problems which, in the opinion of the guardian ad litem, need special, further, or other attention in order to protect or facilitate the ward's best interests.

Additional Comments:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Guardian Ad Litem

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Bar Number and Firm Name

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

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

APPENDIX 12 (Neb. Ct. R. – Chapter 6, Article 14)  
Amended and renumbered to Appendix 12 October 27, 2021, effective January 1, 2022.