

## **PACKET A—GUARDIANSHIP ANNUAL REPORTING FORMS**

***Who may use these forms:*** A person who has been appointed as a guardian, who has control of any of the ward's/incapacitated person's property, money, assets, possessions or income (including social security or other benefits) and who has not been allowed by the court to submit a budget instead of an annual accounting uses these forms to report and account to the court each year.

***What are you reporting to the court:*** You are reporting how the ward/incapacitated person is doing. You are also reporting all money received by you on behalf of the ward/incapacitated person and all expenses paid by you on behalf of the ward/ incapacitated person for the reporting period.

***When are the forms to be used:*** You must complete the entire packet of forms and file them with the court every year from the date Letters of Appointment were issued. Your first year begins on the date Letters of Appointment are issued to you and ends one year later. You are required to file these forms each year, from that point forward.

For example, if Letters of Appointment were issued to you on June 10, 2012, then your first accounting year begins June 10, 2012 and ends May 31, 2013.

If these forms only are submitted and no fees are requested, then a hearing will not be automatically scheduled. A hearing will only be scheduled if the court has any questions about the accounting or an interested person files an objection to the accounting.

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

***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.***

***Specific Instructions:*** This packet includes the following:

► Annual Report of Guardian on Condition of Ward (Pages 1-3): You complete this portion of the packet, which includes information concerning the well-being of the ward. You will file the original with the court and mail copies to the interested parties.

► Updated Inventory (Pages 4-5): You complete this portion of the packet by providing the account balance for each bank account and the account value for each brokerage account as of the last day of the reporting period. The original must be filed with the court and a copy mailed to all interested parties.

► Accounting (Pages 6-7): If you spent from or added to the ward's/incapacitated person's account(s) during the accounting period, you must also provide an accounting—a list of the amounts received on behalf of the ward/incapacitated person, the amounts

paid out from each account on behalf of the ward/incapacitated person, to whom monies were paid and for what purpose the payments were made. You may make as many additional copies of accounting page as needed. You should end the accounting on the same date that the accounting year ends. The original form must be filed with the court along with copies of all bank statements, brokerage statements, etc. covering the accounting period with all but the last four digits of account numbers and social security numbers blacked out. You will mail copies to the interested parties.

► Certificate of Proof of Possession (Pages 8-9): You will need one Certificate for each bank or other financial institution. You will begin a portion of the Certificate, but the bank or other financial institution will finish the Certificate. Complete the case information on the Certificate, then take this form to the bank or other financial institution and ask a representative there to write in the account information, the balance in the account, and any interest paid. You should have the account balance confirmed as of the last day of the accounting. The representative from the bank or other financial institution must sign the Certificate in the presence of a notary public because his or her signature must be notarized. The original Certificate(s) must be filed with the court and copies mailed to the interested parties.

► Notice of Right to Object (Page 10): You must complete this form, file the original with the court and mail a copy to all interested parties.

► Certificate of Mailing (Pages 11-12): By filing this Certificate with the court you are informing the court that you have mailed copies of the forms listed to the “interested persons.” You need to check the box of all of the forms/documents you have mailed to the interested persons. You must also list the names and addresses of the interested persons you sent the forms to on this form. The original must be filed with the court and a copy mailed to all interested parties.

► Personal and Financial Information for Guardianships and Conservatorships (Page 13): You need to complete this form by filling in the name of your ward/incapacitated person, his or her date of birth, social security number and the name and address of all banks or other financial institutions where the ward/incapacitated person has money. You must include full account numbers on this form. This form is filed with the court only. **Do not send this form to the interested parties.**

**GUARDIANSHIP ANNUAL  
REPORTING FORMS PACKET A**

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

IN THE MATTER OF

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

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

**ANNUAL REPORT OF GUARDIAN ON  
CONDITION OF WARD/INCAPACITATED  
PERSON, UPDATED INVENTORY,  
ACCOUNTING, CERTIFICATE OF  
PROOF OF POSSESSION, NOTICE OF  
RIGHT TO OBJECT, AND  
CERTIFICATE OF MAILING**

I, the undersigned, am the guardian of the above named ward/incapacitated person and my annual report to the court is as follows:

1. Present age of the ward/incapacitated person: \_\_\_\_\_
2. Current address of the ward/incapacitated person: \_\_\_\_\_
3. The ward's/incapacitated person's residence is:  
\_\_\_\_\_ own home                      \_\_\_\_\_ guardian's home  
\_\_\_\_\_ nursing home                      \_\_\_\_\_ hospital or medical facility  
\_\_\_\_\_ foster or boarding home                      other: \_\_\_\_\_  
\_\_\_\_\_ relative's home \_\_\_\_\_  
(Relationship)
4. The ward/incapacitated person has lived in his or her current residence since \_\_\_\_\_.  
If the ward/incapacitated person has moved within past year, state reasons for change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. During the past year, how many times and on what dates did you see the ward/incapacitated person? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. During the past year, the ward's/incapacitated person's mental health has:  
\_\_\_\_\_ remained about the same.  
\_\_\_\_\_ improved. Describe: \_\_\_\_\_  
\_\_\_\_\_ deteriorated. Describe: \_\_\_\_\_

7. During the past year, the ward's/incapacitated person's physical health has:  
 \_\_\_\_\_ remained about the same.  
 \_\_\_\_\_ improved. Describe: \_\_\_\_\_  
 \_\_\_\_\_ deteriorated. Describe: \_\_\_\_\_
8. During the past year, the ward/incapacitated person has been treated or evaluated by the following:  
 \_\_\_\_\_ Physician. Name: \_\_\_\_\_  
 \_\_\_\_\_ Psychiatrist. Name: \_\_\_\_\_  
 \_\_\_\_\_ Social or other case worker. Name: \_\_\_\_\_  
 \_\_\_\_\_ Dentist. Name: \_\_\_\_\_  
 \_\_\_\_\_ Other. Name: \_\_\_\_\_
9. The ward/incapacitated person \_\_\_\_ is \_\_\_\_ is not under regular physician's care.  
 Physician's Name: \_\_\_\_\_  
 (if different than physician in #8 above)
10. Social conditions: During the past year, the ward/incapacitated person has participated in the following activities: Describe.  
 \_\_\_\_\_ Recreational: \_\_\_\_\_  
 \_\_\_\_\_ Educational: \_\_\_\_\_  
 \_\_\_\_\_ Social: \_\_\_\_\_  
 \_\_\_\_\_ Occupational: \_\_\_\_\_  
 \_\_\_\_\_ None available.  
 \_\_\_\_\_ Refuses or unable to participate. \_\_\_\_\_
11. As guardian, I rate the ward's/incapacitated person's living arrangements as:  
 \_\_\_\_\_ excellent.  
 \_\_\_\_\_ average.  
 \_\_\_\_\_ below average. If below average, explain: \_\_\_\_\_
12. As guardian, I believe the ward/incapacitated person is:  
 \_\_\_\_\_ content with living situation.  
 \_\_\_\_\_ unhappy with living situation. Why? \_\_\_\_\_
13. As guardian, I believe the ward/incapacitated person has the following needs that have not been met: \_\_\_\_\_
14. The guardianship should be continued for the following reasons:  
 \_\_\_\_\_ The ward/incapacitated person is still a minor.  
 \_\_\_\_\_ The ward's/incapacitated person's condition requires continuation of guardianship.

15. Please mark one of the following (A, B, or C) and complete the additional questions, if any, for the section you marked:

- A) \_\_\_\_\_ I **do** have possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) **AND** one of the following applies:
- 1) \_\_\_\_\_ My accounting, certificate of proof of possession, and bank statements are filed with the court.
  - 2) \_\_\_\_\_ The accounting has been waived by the court.
  - 3) \_\_\_\_\_ A budget has been approved by the court and the Annual Budget Report is filed with the court.
- B) \_\_\_\_\_ I do **not** have possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits). The person who has possession or control of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) is: \_\_\_\_\_
- \_\_\_\_\_ **AND**
- 1) \_\_\_\_\_ I **have** talked to the person in charge of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) **AND**
    - a) \_\_\_\_\_ I **am** satisfied that the funds are being handled properly.
    - b) \_\_\_\_\_ I am **not** satisfied that the funds are being handled properly because \_\_\_\_\_
  - 2) \_\_\_\_\_ I have **not** talked to the person in charge of the ward's/incapacitated person's money, assets, possessions or income (including social security or other benefits) because \_\_\_\_\_
- C) \_\_\_\_\_ The ward/incapacitated person receives no money, assets, possessions or income (including social security or other benefits).

## UPDATED INVENTORY

**TO THE GUARDIAN:** To protect personal information, only the last four digits of the account should be provided on this form. Complete account information is provided on the Personal and Financial Information for Guardianships and Conservatorships form.

The inventory listed below is the inventory as of the ending date of this Annual Report, \_\_\_\_\_, 20\_\_\_\_.

### 1. PERSONAL PROPERTY:

#### Checking Accounts

Bank Name _____	
Account no. XXX- _____	\$ _____
Bank Name _____	
Account no. XXX- _____	\$ _____
Bank Name _____	
Account no. XXX- _____	\$ _____

#### Savings Accounts

Bank Name _____	
Account no. XXX- _____	\$ _____
Bank Name _____	
Account no. XXX- _____	\$ _____
Bank Name _____	
Account no. XXX- _____	\$ _____

#### Certificates of Deposit

Bank Name _____	
Account no. XXX- _____	\$ _____
Bank Name _____	
Account no. XXX- _____	\$ _____
Bank Name _____	
Account no. XXX- _____	\$ _____

Stocks and Bonds	\$ _____
Vehicles	\$ _____
Household goods and furnishings	\$ _____
Other: _____	\$ _____

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

2. JOINTLY HELD PROPERTY:

With whom _____	\$ _____
What _____	\$ _____
With whom _____	\$ _____
What _____	\$ _____

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

3. INCOME (Monthly):

Wages - Employer name: _____	\$ _____
Social Security _____	\$ _____
Supplemental Security income _____	\$ _____
Veterans Administration benefits _____	\$ _____
Company pension _____	\$ _____
Interest - From where: _____	\$ _____
Dividends - From where: _____	\$ _____
Other: _____	\$ _____

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

4. CREDIT CARD(S) belonging to ward/incapacitated person (If applicable)

Card Name _____	
Account no. XXX- _____	\$ _____
Card Name _____	
Account no. XXX- _____	\$ _____

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

5. REAL PROPERTY (List location by address and value):

Location _____	Value \$ _____
Location _____	Value \$ _____
Location _____	Value \$ _____
Location _____	Value \$ _____

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

**NOTICE:** You must file your letters of Guardianship with the Register of Deeds in any county where the ward/incapacitated person has real property or an interest in real property.

# ACCOUNTING

***TO THE GUARDIAN: Complete only if funds have been spent from or added to the ward's/incapacitated person's account(s) since the last inventory was submitted. Debit transactions, if any, must be included.***

Last four digits of account number: \_\_\_\_\_

Beginning date of accounting: \_\_\_\_\_

Ending date of accounting: \_\_\_\_\_

**Beginning Balance:**

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[illegible]

(If more space is needed, copy this form, number additional pages as page \_\_\_\_ of \_\_\_\_, and attach)

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

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Signature(s) of Guardian(s)

---

Print or Type Name of Guardian(s)

---

Date ☐ mark if new address below

---

Address(es) of Guardian(s)

---

City, State and Zip Code

---

Phone Number(s) of Guardian(s)

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E-mail Address(es) of Guardian(s)

## CERTIFICATE OF PROOF OF POSSESSION

**TO THE GUARDIAN: This form must be completed by the financial institution. It must be filed with the court, sent to all interested parties, and will be public information. For protection of financial information, give only the last four digits of accounts and bond information on this form. Complete account and bond information must be provided on the Personal and Financial Information for Guardianships and Conservatorships form (CC 16:2.23).**

In the matter of the estate of \_\_\_\_\_ Case number \_\_\_\_\_  
Name of ☐ Guardian and/or ☐ Conservator: \_\_\_\_\_  
Name and address of Institution \_\_\_\_\_

### CERTIFICATE OF BALANCE ON DEPOSIT

I CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, there was on deposit in this Institution to the benefit of the above ward, incapacitated or protected person the following:

Checking Account, No. XXXXXXXX-\_\_\_\_\_  
Balance of \$\_\_\_\_\_ including interest of \$\_\_\_\_\_ paid  
during period of statement of account. ☐ **Restricted**

Savings Account, No. XXXXXXXX-\_\_\_\_\_  
Balance of \$\_\_\_\_\_ including interest of \$\_\_\_\_\_ paid  
during period of statement of account. ☐ **Restricted**

Please Note: To be considered restricted, the account shall be designated with the following notice: "NO WITHDRAWAL WITHOUT COURT ORDER"

(\*Extend above format for additional accounts as required)

NOTE TO CERTIFYING OFFICIAL: This certificate may be executed by a bank official, an authorized official or agent of the company which is surety on your bonds.

I CERTIFY that the accounts listed above were exhibited to me by the above-named guardian and/or conservator as being the property of the estate of the ward, protected or incapacitated person said deposits then and there being in the custody and control of the guardian and/or conservator.

Date \_\_\_\_\_ Address of Certifying Official \_\_\_\_\_ Signature and Title of Certifying Official \_\_\_\_\_  
State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this  
Name of Official certifying above

\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year Notary Public (Signature of Person taking acknowledgment)

\_\_\_\_ My commission expires: \_\_\_\_\_  
(Title or Rank) (Serial Number, if any)

	KIND OF BOND OR SECURITY	DATE OF PURCHASE	COST	INTEREST RATE	PRESENT VALUE	
1.						<input type="checkbox"/> Restricted
2.						<input type="checkbox"/> Restricted
3.						<input type="checkbox"/> Restricted
4.						<input type="checkbox"/> Restricted

I CERTIFY that the securities listed above were exhibited to me by the above-named guardian and/or conservator as being the property of the estate of the ward, protected or incapacitated person said securities then and there being in the custody and control of the guardian and/or conservator.

Date	Address of Certifying Official	Signature and Title of Certifying Official
State of _____)		
	) ss.	
County of _____)		

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Official certifying above

\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year Notary Public (Signature of Person taking acknowledgment)

\_\_\_\_\_  
(Title or Rank)                      (Serial Number, if any)      My commission expires: \_\_\_\_\_

## NOTICE OF RIGHT TO OBJECT

**TO THE GUARDIAN: As Guardian, you must complete and mail this form to all interested parties and file it with the court.**

You are notified that \_\_\_\_\_, guardian, has filed the following in the above referenced case on \_\_\_\_\_, 20\_\_\_\_.  
Date document(s) filed

- ☐ Annual Report of Guardian on Condition of Ward;
- ☐ Updated Inventory;
- ☐ Annual Accounting;
- ☐ Certificate of Proof of Possession (with proof of restricted account if any funds are restricted);
- ☐ Bank Statements for accounting period;
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, <http://supremecourt.ne.gov/forms/county/guardian-conservators.shtml>.

\_\_\_\_\_  
Signature(s) of Guardian(s)

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

\_\_\_\_\_  
Date

## **CERTIFICATE OF MAILING**

***TO THE GUARDIAN: You need to complete and file this form with the court showing that you mailed the required documents marked below to all the interested parties you list below.***

I, \_\_\_\_\_, swear or affirm, **under the penalties of perjury**, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ I mailed copies of the forms marked below to all interested persons\* and bonding company, if any, at the addresses set forth below:

- ☐ Annual Report of Guardian on Condition of Ward;
- ☐ Updated Inventory;
- ☐ Annual Accounting;
- ☐ Certificate of Proof of Possession (with proof of restricted account if any funds are restricted);
- ☐ Bank Statements for accounting period with personal information (Social Security number, date of birth, etc.) blacked out;
- ☐ Notice of Right to Object form; and
- ☐ Certificate of Mailing

<u><b>NAME</b></u>	<u><b>ADDRESS</b></u>
_____	_____
_____	_____
_____	_____
_____	_____

☐ See attached (more names and addresses than above)

\_\_\_\_\_  
Signature(s) of Guardian(s)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address(es) of Guardian(s)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number(s) of Guardian(s)

\_\_\_\_\_  
E-mail Address(es) of Guardian(s)

\*Interested persons are defined as:

- children and spouses;
- future heirs if the ward/incapacitated 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;
- 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 most recent will;
- after death of the ward/incapacitated person, interested person also includes the personal representative of a deceased ward’s/incapacitated person’s estate, the deceased ward’s/incapacitated person’s heirs in an intestate estate, and the deceased ward’s/incapacitated person’s devisees in a testate estate;
- any governmental agency paying benefits on behalf of the ward/incapacitated 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, 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.

**PERSONAL AND FINANCIAL  
INFORMATION FOR  
GUARDIANSHIPS AND  
CONSERVATORSHIPS**

***TO THE GUARDIAN AND/OR CONSERVATOR: This form is to be filed only with the Court. Do not send this form to the interested parties. Fill out one form for each ward, incapacitated person or protected person.***

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

THIS DOCUMENT IS CONFIDENTIAL AND SHALL NOT BE MADE PART OF THE COURT FILE OR  
PROVIDED TO THE PUBLIC PURSUANT TO NEB. CT.R. § 6-1464.

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

IN THE MATTER OF

**CONFIDENTIAL**

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

**PERSONAL AND FINANCIAL  
INFORMATION FOR GUARDIANSHIPS  
AND CONSERVATORSHIPS**

<u>Full</u> name of the ward, protected or incapacitated person:	<u>Full</u> date of birth of the ward, protected or incapacitated person:	<u>Full</u> Social Security number of the ward, protected or incapacitated person:

**FINANCIAL INFORMATION OF THE WARD, PROTECTED OR INCAPACITATED PERSON**

Name(s) and address(es) of financial institution(s)

Full account number(s)

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

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

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

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

**Instructions:** When parties are required to report personal and financial information to the court, the complete information shall be provided on Appendix 11 (CC 16:2.23). On pleadings or documents to be filed with the court, financial account numbers, dates of birth, and Social Security numbers, where required, should reference Appendix 11 (CC 16:2.23): (i.e., "See Appendix 11/CC16:2.23"). Financial account numbers should be listed by the last four digits of the financial account when the account is reported on a pleading or document filed with the Court.