

PACKET E—GUARDIANSHIP WITH NO AUTHORITY OVER THE ESTATE
OF THE WARD ANNUAL REPORTING FORMS

Who may use these forms: A guardian who's Letters of Appointment state that the guardian has no authority over the ward's assets may use these forms to report to the court on the condition of the ward. If you have acquired assets on behalf of the ward, then you cannot complete this packet and you must complete Packet A instead.

What are you reporting to the court: You are reporting how the ward/incapacitated person is doing.

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 reporting period begins June 10, 2012 and ends May 31, 2013.

If these forms only are submitted, then a hearing will not be scheduled automatically. A hearing will only be scheduled if the court has any questions about the status of the ward's assets or an interested person files an objection and requests a hearing.

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 \$5.

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 to report to the court on the well-being of the ward/incapacitated person. You will file the original with the court and mail copies to the interested parties.

▶ **Updated Inventory** (Pages 4-6): You complete this portion of the packet by inserting the account balance for each bank account or the value for each brokerage account as of the last day of the reporting period. You will file the original with the court and mail copies to the interested parties.

▶ **Notice of Right to Object** (Page 7): You must complete this form, file the original with the court and mail a copy to all interested parties.

▶ **Certificate of Mailing** (Pages 8-9): By filing this Certificate with the court you are informing the court that you have mailed copies of the Annual Report 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 mailed 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 10): 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 WITH NO
AUTHORITY OVER THE ESTATE
OF THE WARD ANNUAL
REPORTING FORMS PACKET E**

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,
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.

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

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)

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

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;

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;
- Notice of Right to Object form; and
- Certificate of Mailing

| <u>NAME</u> | <u>ADDRESS</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 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.