

PACKET B—GUARDIANSHIP WITH BUDGET ANNUAL REPORTING FORMS

Who may use these forms: A person who has been appointed a guardian **and** the court has approved a budget uses these forms to report and account to the court.

What are you reporting to the court: You are reporting how the ward/incapacitated person is doing and whether you have complied with the budget 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 automatically scheduled if the court has any questions about the budget 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 \$5.

Specific Instructions: This packet includes the following:

► **Budget Report** (Pages 1-2): You complete this portion of the packet and file it with the court at the end of each year. These two pages of the packet are to include the budget as previously approved by the court and additional information concerning how the ward's/incapacitated person's money was spent. You will file the original with the court and mail copies to the interested persons.

► **Updated Inventory** (Pages 3-4): You complete this portion of the packet by providing the amounts held in the accounts and other assets and their value. The account balances and values should be as of the last day of the year for which the annual report is being submitted. All other requested information must be included in the form, if applicable. The original form must be filed with the court along with copies of the bank statement, brokerage statement, etc. covering the last month of 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 persons.

► **Annual Report of Guardian on Condition of Ward** (Pages 5-6): You complete this portion of the packet, which includes information concerning the well-being of the ward/incapacitated person.

► 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 persons.

► 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 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 copies mailed to all interested persons.

► Personal and Financial Information for Guardianships and Conservatorships (Page 10): You need to complete this form by filling in the name of the 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 persons.**

**GUARDIANSHIP WITH BUDGET
ANNUAL REPORTING FORMS
PACKET B**

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case # _____

Ward/Incapacitated Person

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

_____, guardian for the ward/incapacitated person named above, submits this annual report on the monthly budget previously approved by this court.

This Annual Budget Report is filed for the period beginning _____, 20____ and ending _____, 20____. I have filed with this Annual Budget Report a copy of the bank statement and/or brokerage statement that includes the ending date and I have blacked out all but the last four digits of bank account numbers and social security numbers on the bank statement and/or brokerage statement.

The budget approved by this court on _____, 20____ was as follows:

Monthly Income:

Social Security (either retirement or disability)	
Supplemental Security income	
Support payment of any type (e.g. alimony, child support)	
Wages - name of employer is (Fill in name: _____)	
Other (describe source)	
Other (describe source)	
Other (describe source)	
Total Income	

Monthly Expenses:

Rent and utilities paid to guardian	
Board (food) paid to guardian	
Rent and utilities paid to someone else (Fill in Name: _____)	
Board (food) paid to someone else (Fill in Name: _____)	
Transportation expense paid to guardian	
Transportation Expense paid to someone else (Fill in Name: _____)	
Spending money for the ward/incapacitated person	
Other (describe payment)	

Other (Describe Payment)	
Other (Describe Payment)	
Other (Describe Payment)	
Total Expenses	

PLEASE INITIAL ONE OF THE FOLLOWING:

_____ During this period I did not spend any more of the ward's/incapacitated person's money than the monthly budget listed above.

_____ During this period I did spend more of the ward's/incapacitated person's money than the monthly budget listed above. Describe in detail below:

PLEASE INITIAL ONE OF THE FOLLOWING:

_____ During this period I did not pay myself more from the ward's/incapacitated person's money than the monthly budget listed above.

_____ During this period I did pay myself more from the ward's/incapacitated person's money than the monthly budget listed above. Describe in detail below:

PLEASE INITIAL ONE OF THE FOLLOWING:

_____ During this period I have not received any money or property on behalf of the ward/incapacitated person other than that shown on the approved budget.

_____ During this period I have received the following money or property on behalf of the ward/incapacitated person not shown on the approved budget. This includes any additional assets, gifts, awards, settlements or inheritance received during the reporting period. Describe in detail below:

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):

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 _____	Value \$ _____
Legal description _____	
Location _____	Value \$ _____
Legal description _____	
Location _____	Value \$ _____
Legal description _____	
Location _____	Value \$ _____
Legal description _____	
TOTAL: \$ _____	

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

ANNUAL REPORT OF GUARDIAN ON CONDITION OF WARD/INCAPACITATED PERSON

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.

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

Signature(s) of Guardian(s)

Date _____

Print or Type Name of Guardian(s)

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s) mark if new address

City/State/ZIP Code of Guardian(s)

Phone of Guardian(s)

E-mail Address of Guardian(s)

NOTICE OF RIGHT TO OBJECT

TO THE GUARDIAN: As Guardian, you must complete and mail this form to all interested persons 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 Budget Report;
- ☐ Updated Inventory;
- ☐ Annual Report of Guardian on Condition of Ward;
- ☐ Bank statement and/or brokerage statement that includes ending date of Annual Budget Report;
- ☐ 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)

Date _____

Print or Type Name of Guardian(s)

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s)

City/State/ZIP Code of Guardian(s)

Phone of Guardian(s)

E-mail Address of Guardian(s)

Ward/Incapacitated Person

Case # _____

CERTIFICATE OF MAILING

TO THE GUARDIAN OR THEIR ATTORNEY: You need to complete and file this form with the court showing that you mailed the required documents marked below to all the interested persons 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 Budget Report;
- ☐ Updated Inventory;
- ☐ Annual Report of Guardian on Condition of Ward;
- ☐ Copy of the last bank statement and/or brokerage statement which includes the ending date of the Annual Budget Report with personal information (social security number, date of birth, account numbers, etc.) blacked out;
- ☐ Notice of Right to Object form; and
- ☐ Certificate of Mailing.

NAME

ADDRESS

☐ See attached (more names and addresses than above)

Signature(s) of Guardian(s) or Their Attorney

Date _____

Print or Type Name of Guardian(s) or Their Attorney

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s) or Their Attorney

City/State/ZIP Code of Guardian(s) or Their Attorney

Phone of Guardian(s)
or Their Attorney

E-mail Address of Guardian(s) or Their Attorney

*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.

Nebraska State Court Form	PERSONAL AND FINANCIAL INFORMATION FOR GUARDIANSHIPS AND CONSERVATORSHIPS	CC 16:2.23 Revised 03/16
REQUIRED		Neb. Ct. R. Appendix 11 (Chapter 6, Article 14)

TO THE GUARDIAN AND/OR CONSERVATOR: This form is to be filed only with the court. Do not send this form to the interested persons. 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)	<u>Full</u> account number(s)
_____	_____
_____	_____
_____	_____
_____	_____

_____ Signature(s)	_____ Date
_____ Print or Type Name(s)	_____ Street Address/P.O. Box
_____ Bar Number and Firm Name (attorneys only)	_____ City/State/ZIP Code
	_____ Phone E-mail Address

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.