

IN THE MATTER OF \_\_\_\_\_

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

Ward

**ACCEPTANCE OF  
APPOINTMENT OF GUARDIAN  
BY THE PUBLIC GUARDIAN**

The Public Guardian accepts appointment as guardian of  
\_\_\_\_\_ and swears they will perform,  
Name of ward

according to law, all duties as guardian.

The Public Guardian acknowledges the responsibilities as guardian by *initialing*  
all of the following:

**After Entry of Order of Appointment:**

**The Public Guardian will file with the court:**

- \_\_\_\_\_ Guardian/Conservator General Information Form ([Form CC 16:2.4](#))
- \_\_\_\_\_ Address Information form ([Form CC 16:2.5](#)).
- \_\_\_\_\_ Notice of Designation of Deputy Public Guardian and Associate  
Public Guardians form (Form CC 16:2.96).
- \_\_\_\_\_ Updated Notice of Designation of Deputy Public Guardian and  
Associate Public Guardians form (Form CC 16:2.96) if the  
designation changes after the initial filing.
- \_\_\_\_\_ Financial Institution Receipt of Order form **within 30 days**  
([Form CC 16:2.6](#)). Showing they presented the order of appointment  
to all financial institutions where the ward/protected person has  
accounts and a printout showing the account balance.
- \_\_\_\_\_ Inventory, Affidavit of Due Diligence form **within 30 days**  
([Form CC 16:2.9](#)).
- \_\_\_\_\_ A budget **within 30 days** that pursuant to [Neb. Ct. R. § 6-1433.02\(D\)](#)  
is for informational purposes only.

**\*If not required by the court, put "N/A" or "Not Applicable"**

\_\_\_\_\_ Personal and Financial Information Form  
(Appendix Ch. 6, Art. 14, App. 8).

\_\_\_\_\_ \* Proof of Restricted Account form (Form CC 16:2.11).

**Within 10 days** for any accounts restricted by court order.

**After Letters of Guardianship and/or Conservatorship are issued:  
The Public Guardian will file with the court:**

\_\_\_\_\_ Financial Institution Receipt of Letters form (CC 16:2.6.1). Showing they presented the Letters of Guardianship and/or Conservatorship to all financial institutions where the ward/protected person has accounts and a printout showing the account balance.

\_\_\_\_\_ Updated Financial Information form (Form CC 16:2.40) with full account numbers if there were changes to the accounts.

**The Public Guardian will file with the Register of Deeds:**

\_\_\_\_\_ \* The Letters of Guardianship and/or Conservatorship in any county where the ward has real property or an interest in real property, wherever located, within a reasonable time.(Unless certificate has been previously filed with the court)

**Starting ONE YEAR after Entry of Order of Appointment, The Public Guardian will file Annual Reports.**

1. Annual Report of Guardian on Condition of Ward.
2. Updated Inventory

And, if the Public Guardian has possession of the ward's assets:

3. Annual Accounting
4. Copies of all individual ledger statements and/or brokerage statements for the dates covered by the accounting. Any full account numbers, social security numbers, dates of birth or other personal information appearing on the accounting statements and/or brokerage statements will be blacked out. Accounting/brokerage statements will not be sent to interested persons.

**\*If not required by the court, put "N/A" or "Not Applicable"**

**The Public Guardian MUST acknowledge all of the following:**

\_\_\_\_\_ The Office of Public Guardian will notify the court of any address change of the ward/protected person **within 10 days.**

\_\_\_\_\_ The Office Public Guardian will notify the court of the death of the ward/protected person **within 10 days.**

\_\_\_\_\_ The Office Public Guardian will file Notice of Newly Discovered Assets ([CC 16:2.18](#)) within 30 days of when they become aware of additional assets in excess of \$500.00 which did not appear on the Inventory last filed with the court.

\_\_\_\_\_ The Office Public Guardian will NOT move the ward out of the State without first obtaining court permission.

\_\_\_\_\_ The Office Public Guardian will NOT make any cash withdrawals and/or get cash back.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If completed by an attorney: Bar Number: _____
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