

PACKET B—GUARDIANSHIP AND/OR CONSERVATORSHIP WITH BUDGET ANNUAL REPORT

Who may use Packet B? Guardians and Conservators for an adult with a court ordered budget.

What are you reporting to the court?

Guardian OR Guardian and Conservator: Current status of your adult ward's health and how you followed the court ordered budget.

Conservator: How you followed the court ordered budget.

When are the forms to be used? A guardian and/or conservator must file a completed Packet B with the court every year. Your first reporting year ends one year after the date the Court entered an Order appointing you as Guardian and/or Conservator. Packet B must be filed within 30 days. The Reporting year ending date and Packet B filing date will be the same in all following years.

For example, if the Order of Appointment was entered on June 10, 2018, then your first reporting year begins June 10, 2018 and ends June 9, 2019 with your first Packet B due to be filed by July 9, 2019. The second reporting year will end June 9, 2020 and the second Packet B will be due to be filed by July 9, 2020.

What information will be helpful to gather before completing your packet?

- Account Statements for each account owned by the ward for the last month of the reporting year
- Checkbook register for the entire year (do **not** file the checkbook register with your packet).
- If this is the first Packet B filing, you will need a copy of the original Order approving Budget.
- For all following years, you will need to pull out a copy of the last Order approving Budget
- List of Interested Persons

The cost of filing this packet is \$5.

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

Hearings on Packet B : A court hearing will only be scheduled if the court has any questions about the budget, if an interested person files an objection to the budget, If the amount spent in a budget category this reporting year is more than 10% higher or lower

than identified on the last Order approving Budget, or if the Guardian and/or Conservator files a request to approve a new budget or a separate Application for Approval of Annual Accounting and/or Fees.

Specific Instructions: Packet B :

► **Condition of Ward:** If you are also serving as a Guardian answer these questions to provide information on the ward's well-being.

► **Updated Inventory:** All Guardians and/or Conservators of an adult with a court ordered budget need to answer the questions, fill in requested information and provide an account balance or value for each financial account (checking, savings, certificate of deposit, investment account, etc.) as of the last day of the reporting period.

► **Budget Report:** All Guardians and/or Conservators of an adult with a court ordered budget need to identify:

- how much money was spent in each category for the entire year paid to the Guardian and/or Conservator
- how much money was spent in each category for the entire year paid to someone else (i.e. paid to stores, rental companies, pharmacies, bus companies, the adult, etc.)
- whether more or less money is being spent in each category since the last order setting the budget.

► **Notice of Right to Object:** You must complete this form.

► **Certificate of Mailing:** This Certificate informs the court that you have mailed copies of the Packet B to all "interested persons." List the names and addresses of the interested persons you sent the forms to on this form. Only mail the completed Packet B to "interested persons" DO NOT mail copies of bank statements to interested persons.

► **Filing with the Court** Pay the filing fee and file the original completed and signed Packet B with the Court AND with copies of all financial statements (checking, savings, investment accounts, etc.) for the last month of the reporting period. All personal information should be blacked out along with all but the last four digits of account numbers.

Do not send bank account or financial account statements to the interested persons.

Packet Worksheet

Please Note: If you download this annual report from the Judicial Branch website and type in the blanks on this page, the information will automatically fill in the corresponding blanks on the following pages.

It is your responsibility to make sure the information transferred correctly.

Is this a conservatorship ONLY? yes no

Ward/Protected Person and Case information:

Name of ward/protected person: _____

County the case is filed in: _____

Case Number: _____

Annual reporting period: _____ to _____

Interested persons (Include government agency paying benefits and bonding company, if any):

Name:

Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there are more interested persons than listed above, check the box to the left and include them on a separate sheet of paper. – Note – You will file the separate sheet with the additional names and addresses with the court when you file the certificate of mailing form.

Guardian and/or Conservator information:

Name of Gdn/Cons: _____

Street Address/P.O. Box of Gdn/Cons: _____

City/State/ZIP Code: _____

Telephone Number: _____ Email address: _____

If this is being completed by an attorney, Bar Number and Firm Name:

Co-Gdn/Cons: information:

Name of Co-Gdn/Cons: _____

Street Address/P.O. Box of Co-Gdn/Cons: _____

City/State/ZIP Code: _____

Telephone Number: _____ Email address: _____

Bar Number and Firm Name (Attorneys only): _____

The following reports were waived by order of the court:

Annual report of guardian on condition of ward

Date waived _____

Updated Inventory

Date waived _____

Budget Report

Date waived _____

**GUARDIANSHIP AND/OR CONSERVATORSHIP
WITH BUDGET ANNUAL REPORT - PACKET B**

Nebraska State Court Form
REQUIRED
CC 16:2.34 Rev. 04/2020

IN THE MATTER OF _____

Case No. _____

Ward

**ANNUAL REPORT OF GUARDIAN
ON CONDITION OF WARD**

I, the undersigned, am the guardian of the above named ward. My annual report to the court is as follows:

1. As guardian, I believe this guardianship should remain in place.
Yes No Please explain:
2. Current physical address of the ward:

3. The ward's residence is:
apartment/independent living/own home
guardian's home
nursing home/skilled care facility/assisted living
boarding/extended family home
other: _____
4. The ward has lived in his or her current residence since _____,
If the ward has moved within past year, state reasons for change:
5. How often do you visit the ward? Daily Weekly Monthly
Other (describe) _____

6. Are you the care provider? Yes No.

If you are **not** the care provider, how often do you contact the ward's care provider? Daily Weekly Monthly Other (describe)

7. During the past year, has the ward's mental health changed?

Yes No.

If yes, describe: _____

8. During the past year, has the ward's physical health changed?

Yes No.

If yes, describe: _____

9. During the past year, the ward has been treated or evaluated by the following:

Yes/No	Professional	Name of Professional	Date of last visit
Yes No	Physician		
Yes No	Psychiatrist/Psychologist		
Yes No	Social or other case worker		
Yes No	Other		
Yes No	Other		

10. Does the ward participate in decision making?

Yes No. If yes, briefly describe:

11. As guardian, in your opinion are the ward's needs being met in their current living arrangements? Yes No.

If no, please explain:

12. Do you have possession or control of the ward's money, assets, possessions or income (including social security or other benefits)?

YES. (Complete the entire packet.)

NO. (Complete pages: 1, 2, 7, 8, and 9 of this packet.) The person who has possession or control is: _____.

UPDATED INVENTORY

TO THE GUARDIAN: *To protect personal information, only the last four digits of the account number should be provided on this form.*

The Inventory listed below is as of the ending date of this Annual Report, _____.

Are there any changes to any of the accounts identified on your last filed Personal and Financial Information Form? (Check the appropriate box) Yes No.

If the answer is “Yes”, you must complete an Updated Financial Information form (CC 16:2.40) and file it with this form.

DO NOT SEND THE UPDATED FINANCIAL INFORMATION FORM TO THE INTERESTED PARTIES.

1. PERSONAL PROPERTY:

Financial Institution Name	Title on Account	Type of Account (please check one)	Debit Card?	New Account?	Last 4 digits of account number	Balance as of Reporting Ending Date (listed above)
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$
		checking savings certificate of deposit	yes no	yes no	_____	\$

TOTAL : \$ _____

1. PERSONAL PROPERTY (Continued):

TYPE OF PROPERTY	PRESENT VALUE
Stocks, Bonds and Other Securities (Attach List of Brokerage Firms)	
Vehicles	
Household goods and furnishings	
Other: _____	

TOTAL: \$ _____

2. JOINTLY HELD PROPERTY:

TYPE OF PROPERTY	WITH WHOM	PRESENT VALUE

TOTAL: \$ _____

3. Does the ward/minor ward/protected person own or have an interest in Real Property?

Yes No. If yes, complete below:

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/ADDRESS	LEGAL DESCRIPTION	VALUE

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

Have the Letters of Guardianship and/or Conservatorship been filed with the Register of Deeds in each county where each parcel is located? Yes No

4. INCOME (Monthly):

SOURCE OF INCOME	MONTHLY AMOUNT
Wages - Employer name: _____	
Social Security	
Supplemental Security income	
Veterans Administration benefits	
Pension/Annuity	
Interest Income	
Dividend Income	
Other:	
Other:	

TOTAL: \$ _____

5. Are there any credit cards or other debt of the ward's/minor ward's/protected person's name?

Yes No. If yes, complete below:

CREDIT CARD(S) of the ward/minor ward/protected person (If applicable)

Financial Institution Name	Name on the Card	Last 4 digits of account number	Balance as of Last Statement
		_____	\$
		_____	\$

OTHER DEBT of the ward/minor ward/protected person (If applicable)

Financial Institution Name	Description	Last 4 digits of account number	Balance as of Last Statement
		_____	\$
		_____	\$

BUDGET REPORT

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.

During the reporting year, I have spent the following amounts in categories listed below:

Description

Total for 12 month reporting period

Category	Amount Paid to Guardian/Conservator	Amount Paid to Someone Else
Housing (Rent, Utilities)		
Food		
Clothing		
Medical and Dental		
Spending money for the ward/minor ward		
Transportation		
Other (describe payment)		
Total Expenses		

Since the order setting the budget, has there been any change in monthly expenses that hasn't been reported previously?

No

Yes -- describe

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

Ward

County Court

Case No. _____

NOTICE OF RIGHT TO OBJECT

The following documents have been filed in the above referenced case:

Annual Report;

Other(if any):

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, <https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-17.pdf>.

Ward

_____ County Court

Case No. _____

CERTIFICATE OF MAILING

I, _____, swear or affirm, **under the penalties of perjury**, that copies of the forms listed below were mailed to all interested persons (including government agencies providing benefits) and bonding company, if any, at the addresses set forth below on _____:

Annual Report;

Other(if any):

NAME

ADDRESS

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)