Nebraska State Court Form
REQUIRED
CC 16:2.11 Rev. 04/2020
Neb. Ct. R. § 6-1442(D)

NOTICE: To protect personal information, only the last four digits of the account should be provided on this form.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

IN THE MATTER OF

_____, Case No. _____
Ward, Minor Ward, Protected Person

PROOF OF RESTRICTED ACCOUNT FROM DEPOSITORY OR FINANCIAL INSTITUTION

Name of Bank/Financial Institution: _____
Address of Bank/Financial Institution: _____
_____

1. This financial institution has opened the following account(s) in the name of _____, a ward/minor ward/protected person, by _____, guardian/conservator, as follows:

Title on Account	Type of Account (please check one)	POD/TOD?	Debit Card?	New Account?	Last 4 digits of account number	Balance
	☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	_ _ _ _	$
	☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	_ _ _ _	$
	☐ checking ☐ savings ☐ certificate of deposit	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no	_ _ _ _	$

2. Each account listed is a restricted account. No withdrawals of principal or interest will be allowed unless the court permits withdrawals by certified court order. Reinvestments may be made without an order of the court if each account remains restricted and at this depository.

I have received a certified copy of the court's order restricting these accounts dated _____ and I acknowledge, on the depository's behalf, that the account is designated as a restricted account and the depository will continue to comply with the order.

_____ _____

Manager's Signature and Title** Date

*(**Must be signed by a Bank Manager or a Manager for an Investment Securities Dealer or their designee.)*

State of_____)

) ss.

County of_____)

This document was acknowledged before me by_____,
this_____day of_____, 20_____.

_____ Notary commission expires: _____

Notary Public (Signature of Person Taking Acknowledgment – **CANNOT be the same as the Certifying Official signing above**)

Title:_____Serial Number (if any).: _____