

## COMPLETING THE NOTICE OF RIGHT TO OBJECT

Use this form to tell the interested parties in the case what has been filed.

This form lets the interested parties know they have the right to object to the contents or accuracy of what was filed and that they may request a hearing.

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Choose the county using the drop-down list.

Enter the name of the ward, minor ward, or protected person.

List the documents that were filed.

If completed by an attorney, enter your Bar Number.

If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name, the date signed, their address, telephone number, and email address.

Enter the case number.

Enter the date filed.

Sign the form, and enter your printed name, the date signed, your address, telephone number, and your email address.

Check the box if there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the court

IN THE MATTER OF \_\_\_\_\_ CASE No. \_\_\_\_\_  
Ward/Minor Ward/Protected Person. NOTICE OF RIGHT TO OBJECT

You are notified that \_\_\_\_\_  
List documents filed \_\_\_\_\_  
have been filed in the above referenced case on \_\_\_\_\_  
Date document(s) filed \_\_\_\_\_

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>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
(of guardian and/or conservator)  
Street Address/P.O. Box: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
If completed by an attorney:  
Bar Number: \_\_\_\_\_

Is there more than one guardian and/or conservator? yes ☒ no ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
(of co-guardian and/or co-conservator)  
Street Address/P.O. Box: \_\_\_\_\_  
City/State/ZIP Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
If completed by an attorney:  
Bar Number: \_\_\_\_\_