Nebraska State Court Form
REQUIRED
CC 16:2.4 Rev. 04/2020
Neb. Ct. R. § 6-1443(A)(1)

TO THE GUARDIAN/CONSERVATOR: **This form is to provide the guardian/conservator's personal information for the court records and shall be kept confidential.**

If there are co-guardians and/or co-conservators, file one form for each guardian or conservator.

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

IN THE MATTER OF

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

CONFIDENTIAL

GUARDIAN/CONSERVATOR GENERAL INFORMATION

☐ Guardianship: ☐ Conservatorship:

Your relationship to the ward/minor ward/protected person: _____

_____

Your Full Name: _____
(Last) (First) (Middle) (Maiden)

Home Address: _____
(Street) (City) (State) (ZIP Code)

Business Address: _____
(Street) (City) (State) (ZIP Code)

Telephone No.:
Home: _____ Work: _____ Cell: _____

Employer: _____ Occupation: _____
Date of Birth: _____ Place of Birth: _____
Social Security No.: _____ Driver's Lic-State: _____ # _____

_____
Ward, Minor Ward, Protected Person
Choose the county County Court
_____
Case No. _____

YOUR SPOUSE AND OTHER PEOPLE WHO WILL ALWAYS KNOW HOW TO CONTACT YOU:

Name: _____ Phone: _____
Email address: _____
Address: _____
(Street) (City) (State) (ZIP Code)

Name: _____ Phone: _____
Email address: _____
Address: _____
(Street) (City) (State) (ZIP Code)

Name: _____ Phone: _____
Email address: _____
Address: _____
(Street) (City) (State) (ZIP Code)

YOU MUST IMMEDIATELY NOTIFY THE COURT, IN WRITING, OF ANY CHANGE IN THE ABOVE INFORMATION.

I swear or affirm, **under the penalties of perjury**, that I have examined the Guardian/Conservator General Information, and to the best of my knowledge and belief, it is true, correct and complete.

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: _____