

COMPLETING THE MOTION TO MOVE THE WARD/MINOR WARD/PROTECTED PERSON OUT OF THE STATE OF NEBRASKA

Use this form to ask the court for permission to move the ward, minor ward, or protected person out of the State of Nebraska.

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Choose the county using the drop-down list.

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

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

If you are printing the form and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

Enter the case number.

Give the reasons you are asking to move the ward, minor ward, or protected person out of the State of Nebraska.

Nebraska State Court Form
REQUIRED
CC 16:2.61 Rev. 04/2020
Neb. Rev. Stat. § 30-2620

☒ Printing the form and handwriting the answers.
☐ Completing the form electronically.

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

IN THE MATTER OF _____ Case No. _____

Ward/Minor Ward/Protected Person. MOTION TO MOVE WARD/
MINOR WARD/PROTECTED
PERSON OUT OF THE STATE
OF NEBRASKA

As the appointed guardian and/ or conservator for _____, I ask the court for an Order allowing the move of the ward/minor ward/protected person out of the State of Nebraska because:

When I receive the notice of hearing from the county court, I will send a copy of both this Motion and the notice of hearing to all interested persons. I will also file a Certificate of Mailing with the court confirming I sent them.
The Certificate of Mailing Form (CC 16:2.49) is found at:
<https://supremecourt.nebraska.gov/sites/default/files/CC-16-2-49.pdf>

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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.

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: _____

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.