

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

Alias _____

PROBATE COURT OF THE

No. _____

Date

TEMPORARY GUARDIANSHIPName and address
of ward:

Name _____

No. _____ Street _____

City/Town _____ State _____ Zip _____ Phone Number _____

Personal estate estimated at: \$ _____

Your petitioner:

Name _____ Relationship to Ward _____

No. _____ Street _____

City/Town _____ State _____ Zip _____ Phone Number _____

Your petitioner respectfully requests that there is occasion for the appointment of a TEMPORARY GUARDIAN of the above respondent; that a petition for the appointment of a guardian of this person and estate is now pending.

He/she requests that:

Name of Nominee _____	Relationship to Ward _____	Name of Co-Nominee (if any) _____	Relationship to Ward _____
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No. _____	Street _____	No. _____	Street _____
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City/Town _____	State _____	Zip _____	Phone Number _____	City/Town _____	State _____	Zip _____	Phone Number _____
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or some suitable person be appointed to that trust.

Attach form PC—9.1, Waiver, if applicable.*The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.*

Signature of petitioner _____

Date _____

_____. Sc.

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

Notary public (please print name) _____

Notary public signature _____

DECREE

Upon hearing, it is hereby ordered and decreed:

For good cause shown:

_____				_____			
Name				Name			
_____				_____			
No.		Street		No.		Street	
_____				_____			
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

is/are hereby appointed temporary guardian and/or temporary co-guardians of the respondent.

Bond fixed at: \$ _____

[] With surety _____

[] Without surety _____ (if with surety, indicate type)

This appointment will expire on: _____

Appointed **APPRAISER(s)**: (if different from above)

_____				_____			
Name				Name			
_____				_____			
No.		Street		No.		Street	
_____				_____			
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

Entered as an order and decree of the court on:

_____	_____
Date	Probate Judge