

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 _____

No. _____ Street _____ No. _____ Street _____

City/Town _____ State _____ Zip _____ Phone Number _____ City/Town _____ State _____ Zip _____ Phone Number _____

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	

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	

Entered as an order and decree of the court on:

Date	Probate Judge
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