

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_  
Estate of \_\_\_\_\_  
Alias \_\_\_\_\_  
Alias \_\_\_\_\_

**PROBATE COURT OF THE** \_\_\_\_\_  
No. \_\_\_\_\_  
Date \_\_\_\_\_

**TEMPORARY GUARDIANSHIP**

Name 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  
\_\_\_\_\_ Sc.

\_\_\_\_\_  
Date

*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 |
|------|---------------|