State of Rhode Island and Providence Plantations

**DATE FILED**

**FOR COURT USE ONLY**

# Probate Court

**TEMPORARY GUARDIANSHIP**

(to be filed with Limited/Permanent Guardianship Petition)

*RIGL 33-15-10*

Estate of

Alias

County of

**STATE OF RHODE ISLAND**

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| **PROBATE COURT OF THE**City or Town of |
| No. |  |  |

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| **Name of Respondent**Street AddressCity/Town State Zip PhoneCode Number |
| ***Petitioner:***Name Relationship toRespondent Street AddressCity/Town State Zip PhoneCode Number |
| ***Respectfully requests:***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** Relationship to**Nominee** Respondent Street AddressCity/Town State Zip Code **Name of Co-** Relationship to**Nominee** *(if any)* Respondent Street AddressCity/Town State Zip Code or some suitable person be appointed to said trust. *Form PC-9.1, Waiver, if applicable.* |
| ***Petitioner:*** To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate.Signature of DatePetitioner ***Notary:***Name of State CountyNotary On day of , 20 the petitioner, known to me or proved through satisfactory evidence, signed thedocument in my presence and swore or affirmed the statements in the documents are truthful and accurate.Signature of DateNotary Public Commission ID# Commission Expiration Date Notary Seal |

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| **DECREE** |
| ***Upon hearing, it is hereby ordered and decreed:***For good cause shown:**Name** StreetAddress City/ State ZipTown Code Email PhoneNumber **Name** StreetAddress City/ State ZipTown Code Email PhoneNumber *is/are hereby appointed temporary guardian and/or temporary co-guardians of the respondent for the purpose of:**Said appointment will expire on unless further extended by the court.*(date)Bond Fixed at: $ With Surety Without Surety |
| *Appointed* ***APPRAISER(S)****:* Check box if Appraiser(s) is/are the same as above **OR** Complete Appraiser(s) information below.**Appraiser** Street**Name** Address City/ State Zip CodeTown Email PhoneNumber **Co-Appraiser** Street**Name** Address City/ State Zip CodeTown Email PhoneNumber |
| *Appointed* ***RESIDENT AGENT*****Resident Agent Name**Street AddressCity/ State Zip CodeTown Email PhoneNumber |
| ***Entered as an order and decree of the court on:***Probate Judge Date Signature of Probate Judge |