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 Address  City/Town State Zip Phone  Code Number |
| ***Petitioner:***  Name Relationship to  Respondent    Street Address  City/Town State Zip Phone  Code 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 Address  City/Town State Zip Code    **Name of Co-** Relationship to  **Nominee** *(if any)* Respondent    Street Address  City/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 Date  Petitioner    ***Notary:***  Name of State County  Notary    On day of , 20 the petitioner, known to me or proved through satisfactory evidence, signed the  document in my presence and swore or affirmed the statements in the documents are truthful and accurate.  Signature of Date  Notary 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** Street  Address    City/ State Zip  Town Code    Email Phone  Number    **Name** Street  Address    City/ State Zip  Town Code    Email Phone  Number    *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 Code  Town    Email Phone  Number    **Co-Appraiser** Street  **Name** Address    City/ State Zip Code  Town    Email Phone  Number |
| *Appointed* ***RESIDENT AGENT***  **Resident Agent Name**  Street Address  City/ State Zip Code  Town    Email Phone  Number |
| ***Entered as an order and decree of the court on:***  Probate Judge Date    Signature of Probate Judge |