

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

**PROBATE COURT OF THE**

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

Alias \_\_\_\_\_

No. \_\_\_\_\_

Date

**PETITION FOR LIMITED GUARDIANSHIP OR GUARDIANSHIP**

Petitioner \_\_\_\_\_  
Name of Petitioner

hereby petitions the Probate Court of the city/town of \_\_\_\_\_  
Probate Court City/Town

to appoint a limited guardian/guardian for \_\_\_\_\_  
Name of Respondent

who currently resides at \_\_\_\_\_  
No. Street City/Town State Zip

and whose date of birth is \_\_\_\_\_  
Date of birth

Based upon an assessment conducted by \_\_\_\_\_  
Name of Assessor

on \_\_\_\_\_ which assessment reflects the current level of  
Date of Assessment

functioning of \_\_\_\_\_, it has been determined that  
Name of Respondent

\_\_\_\_\_, lacks decision-making ability in one or more of the  
Name of Respondent

following areas as indicated:

health care \_\_\_\_\_  
Describe specific assistance needed

financial matters \_\_\_\_\_  
Describe specific assistance needed

residence \_\_\_\_\_  
Describe specific assistance needed

association \_\_\_\_\_  
Describe specific assistance needed

other \_\_\_\_\_  
Describe specific assistance needed

Indicate which of the following less restrictive alternatives to guardianship have been explored and deemed inappropriate as indicated:

- |  |   |
|--|---|
| <input type="checkbox"/> Durable Power of Attorney for Health Care | <input type="checkbox"/> Representative Payee                           |
| <input type="checkbox"/> Living Will                               | <input type="checkbox"/> Money Management                               |
| <input type="checkbox"/> Power of Attorney                         | <input type="checkbox"/> Single Court Transactions                      |
| <input type="checkbox"/> Durable Power of Attorney                 | <input type="checkbox"/> Government Benefit and Social Service Programs |
| <input type="checkbox"/> Trusts                                    | <input type="checkbox"/> Housing Options                                |
| <input type="checkbox"/> Joint Property Arrangements               | <input type="checkbox"/> Other  |

Please describe the basis for the determination that the alternative will not meet the needs of the respondent for each alternative explored and deemed inappropriate:

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The following individual/agency is willing to serve as guardian:

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Upon information and belief the above individual/agency has:

- No conflict of interest that would interfere with guardianship duties.
- No criminal background that would interfere with guardianship status.
- The capacity to manage financial resources involved.
- The ability to meet requirements of law and unique needs of individual.
- Demonstrated willingness to undergo training.

The respondent has the following heirs at law:

NAME:

RESIDENCE:

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**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

\_\_\_\_\_  
Petitioner Street No.                      Address

\_\_\_\_\_  
City/Town                      State                      Zip                      Phone Number

\_\_\_\_\_  
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**

This cause having come on to be heard after being duly advertised according to law, it is hereby ordered, adjudged and decreed that \_\_\_\_\_ be appointed guardian of the person and estate of \_\_\_\_\_, bond to be filed in the amount of \$\_\_\_\_\_.

Entered as an order and decree of the court on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge