



ENTRY OF APPEARANCE

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

State interest of person involved:

Enter my appearance for:

Name of Client _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone _____

Attorney:

Name of Attorney _____

Attorney Firm _____ Bar Number _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone _____

Signature of Attorney _____ *ATTORNEY SIGN HERE* _____ Date _____

Pro Se:

Pro Se Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone _____

Signature of Pro Se _____ *PRO SE SIGN HERE* _____ Date _____