



MINOR GUARDIANSHIP

RIGL 33-15.1-1 et seq.

DATE FILED

FOR COURT USE ONLY

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Name of Minor Respondent _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

Petitioner:

Name _____ Relationship to Respondent _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

To the best of my knowledge or belief, the statement(s) contained within this document are truthful and accurate.

Signature of Petitioner _____ PETITIONER SIGN HERE _____ Date _____

Respectfully represents:

There is occasion for the appointment of a guardian of the person and/or estate of the above named minor and that the parent(s)/legal guardian(s) of said minor respondent hereby consent to the granting of this petition.

Name of Parent/ Legal Guardian _____ **Date of Death, if applicable (death certificate required)** _____

Street Address _____

City/Town _____ State _____ Zip Code _____

E-mail _____ Phone Number _____

Parent/Legal Guardian Signature _____ PARENT/LEGAL GUARDIAN SIGN HERE _____

Notary:

Name of Notary _____ State _____ County _____

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 statement(s) in the documents is/are truthful and accurate.

Signature of Notary Public _____ NOTARY SIGN HERE _____ Date _____

Commission ID# _____ Commission Expiration Date _____ Notary Seal _____

Name of Parent/ Legal Guardian	Date of Death, <i>if applicable</i> (death certificate required)	
Street Address		
City/Town	State	Zip Code
E-mail		
Parent/Legal Guardian Signature	PARENT/LEGAL GUARDIAN SIGN HERE	
Notary:		
Name of Notary	State	County
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 statement(s) in the documents is/are truthful and accurate.		
Signature of Notary Public	NOTARY SIGN HERE	Date
Commission ID#	Commission Expiration Date	Notary Seal
_____	_____	_____

Petitioner requests:

Name of Nominee	Relationship to Ward	
Street Address		
City/Town	State	Zip Code
E-mail	Phone Number	
Name of Co-Nominee	Relationship to Ward	
Street Address		
City/Town	State	Zip Code
E-mail	Phone Number	

or some suitable person be appointed to that trust. *Attach form PC-9.1 Waiver, if applicable.*

DECREE

Upon hearing, it is hereby ordered and decreed:

For good cause shown:

Guardian

Street Address _____
City/Town _____ State _____ Zip Code _____
Email _____ Phone Number _____

Co-Guardian

Street Address _____
City/Town _____ State _____ Zip Code _____
Email _____ Phone Number _____

is/are hereby appointed guardian and/or co-guardians of the minor respondent.

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 Name

Street Address _____
City/Town _____ State _____ Zip Code _____
Email _____ Phone Number _____

Co-Appraiser Name

Street Address _____
City/Town _____ State _____ Zip Code _____
Email _____ Phone Number _____

Entered as an order and decree of the court on:

Probate Judge _____ Date _____

Signature of Probate Judge _____
PROBATE JUDGE GUARDIAN SIGN HERE