State of Rhode Island and Providence Plantations

Probate Court

DATE FILED

FOR COURT USE ONLY

PETITION FOR LIMITED GUARDIANSHIP OR GUARDIANSHIP

RIGL 33-15-1 et seq. & *RIGL 33-15-47*

STATE OF RHODE ISLAND

County of **Select County**

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of **Select City or Town**

No. _____

Name of Petitioner _____

hereby petitions the Probate Court of the City/Town of **Select City or Town** to appoint a limited guardian/guardian for _____, who currently resides at:

Street Address _____

City/Town _____ State _____ Zip Code _____

and whose date of birth is: _____.

Respectfully requests:

Name of Nominee _____ Relationship to Respondent _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Name of Co-Nominee *(if any)* _____ Relationship to Respondent _____

Street Address _____

City/Town _____ State _____ Zip Code _____

or some suitable person be appointed to said trust. *Form PC-9.1, Waiver, if applicable.*

Based on an assessment conducted by:

Name of Assessor _____

Date of Assessment _____

which assessment reflects the current level of functioning of the respondent, _____,

it has been determed that the respondent, _____, lacks decision-making ability in one or more of the following areas as indicated:

Check applicable areas: Describe specific assistance needed:

☐ Health Care _____

☐ Financial Matters _____

☐ Residence _____

☐ Association _____

_____

☐ Other _____

_____

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

- ☐ Durable Power of Attorney for Health Care
- ☐ Living Will
- ☐ Power of Attorney
- ☐ Durable Power of Attorney
- ☐ Trusts
- ☐ Joint Property Arrangements
- ☐ Representative Payee
- ☐ Money Management
- ☐ Single Court Transactions
- ☐ Government Benefits and Social Service Programs
- ☐ Housing Options
- ☐ 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.

_____

_____

_____

_____

_____

_____

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

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	RELATIONSHIP	RESIDENCE

Attach 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 Petitioner PETITIONER SIGN HERE _____ Date _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Email _____ Phone Number _____

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

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 $ _____.

☐ With Surety
☐ Without Surety

Entered as an order and decree of the court on:

Name of Probate Judge _____ Date _____

Signature of Probate Judge PROBATE JUDGE SIGN HERE _____